Walton, Jamie, S. (2013) An investigation into current issues in the treatment of men who sexually abuse children. DForenPsy thesis, University of Nottingham.

An Investigation into Current Issues in the Treatment of Men who Sexually Abuse Children

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Thesis submitted to the University of Nottingham for the degree of Doctorate in Forensic Psychology (D.Foren.Psy)

DECEMBER 2013

ABSTRACT

This thesis provides a broad and diverse investigation into the field of psychological treatment for child molesters. A range of methods including a systematic review, a single case study and a primary phenomenological investigation were used to explore issues in the field. Following an introduction in Chapter 1, Chapter 2 reviews the effectiveness of psychological treatment for reducing recidivism in child molesters. The results indicate that recidivism among treated and untreated child molesters is yet to consistently and clearly differ and that the treatment outcome literature is obstructed by weak studies using suboptimal scientific designs. In Chapter 3 the aetiology of a child molester's offending is formulated using the Pathways Model of child abuse (Ward & Siegert, 2002). Treatment sessions addressing areas of criminogenic need are outlined and the impact of the sessions is determined using systems of clinical change on psychometric measures. The results indicate improvements in some of the targeted areas however these were not sufficient to indicate clinically significant changes on both systems used. Chapter 4 explores the lived experience of a sexual preference for children in a sample of five child molesters using the principles of Interpretive Phenomenological Analysis. Four themes were identified. (1) It Creates a Battle for Me, (2) I'm Always Going to Have These Thoughts, (3) There's No Help Out There and (4) My Interest in Children is More Than Just Sexual. The results have implications for clinical practice and are discussed in the context of directions for further research. Chapter 5 evaluates the Sex with Children scale (Marshall, 1995) which was used as an assessment measure in Chapter 3. Finally, Chapter 6 provides a discussion and close to the thesis drawing together the implications of the research.

ACKNOWLEDGEMENTS

Firstly, I would like to thank my academic and co-ordinating supervisor Dr. Simon Duff for his guidance and support during the construction of this thesis. I am extremely grateful for the kind and supportive words you have offered me in support of the research I have carried out. Your help and reassurance has enabled me to develop my clinical knowledge and professional skills during the last two years and I am so appreciative of this. Thank you greatly for all your support Simon. Secondly, I would like to thank my systematic review supervisor Dr. Shihning Chou. You have been supportive throughout the development of my systematic review and the advice and guidance you have provided me with has been fantastic. Thank you Shihning.

I am indebted to HM Prison Service in England and Wales for allowing me to carry out my case study and research. I have been fortunate enough to receive a supportive attitude toward my research ideas during my time on placement in HM Prison Service and without this it would not have been possible to complete this thesis.

None of this would have been achievable without the love and support of those closest to me. I am extremely grateful to my parents who have provided me with financial support during the completion of this thesis. Without you I would not have been able to complete my studies. Thank you so much mum and dad for providing me with this fantastic opportunity. Finally, to my wonderful wife-to-be Amy and her family, thank you for all the emotional support you have provided. Amy, what can I say? You have been my rock throughout these studies. I have been apprehensive, nervous and intensive at times and you have always provided me with the encouragement, love and support I have needed to get me through. Anyone able to put up with me on a daily basis deserves an award and a long-term break, but you apparently wish to marry me. Thank you so much for all your support.

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GLOSSORY OF TERMS

ABCS	Able and Becker Cognition Scale
ASSIA	Applied Social Sciences Index and Abstracts
BIDR	Balanced Inventory of Desirable Responding
BPS	British Psychological Society
CCP	Criminal Career Profile
CODC	Collaborative Outcome Data Committee
CoSA	Circles of Support and Accountability
DA	Discourse Analysis
ECWC	Emotional Congruency with Children scale
GLM	Good Lives Model
GT	Grounded Theory
IPA	Interpretive Phenomenological Analysis
MSI (CDI)	Multiphasic Sexual Inventory (Cognitive Distortions and Immaturity scale)
NA	Narrative Analysis
NCJRS	National Criminal Justice Reference Service
NOMS	National Offender Management Service
NOTA	National Organisation for the Treatment of Abusers
NRES	National Research Ethics Service (National Health Service)
OPM	Openness to Men scale
OPWS	Openness to Women scale
PDS (IM & SDE)	Paulhus Deception Scales (Impression Management scale and Self-Deceptive Enhancement scale)
PIE	Paedophile Information Exchange
QACSO	Questionnaire of Attitudes Consistent with Sexual Offending
RC	Reliability of Change index
RCG 4.1	Reliable and Clinical Change Generator Professional Edition software version 4.1
RCT	Randomised Controlled Trial
RPI	Relapse Prevention Interview
RSG	Rehabilitation Services Group
SAQ	Hanson Sex Attitude Questionnaire

SARN	Structured Assessment of Risk and Need
SBU	Statens beredning för medicinsk utvärdering (Swedish Council on Health Technology Assessment)
SSES	Short Self-Esteem Scale
SOAQ	Sex Offence Attitudes Questionnaire
SOPO	Sexual Offender Prevention Order
SOTEP	Sexual Offender Treatment Evaluation Project
SOTP	Sex Offender Treatment Programme
SWCH	Sex with Children Scale
TA	Thematic Analysis

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[1] Please note the title changed during the construction of this research to better reflect the use of methodology. During the time of the ethics application and data collection the study was called *"Narratives of Offenders: A Note on the Phenomenology of Sexual Interests in Children"*.

Chapter 1

General Introduction to Thesis

The sexual abuse of children presents a major challenge for social and health policy. It receives widespread public concern, which places expectation on criminal justice and healthcare services to provide interventions and strategies capable of reducing recidivism rates. Few, if any, crimes are despised as much as sexual offences against children, and society values every offence that can be prevented. A considerable amount of psychological treatment is used to manage sexual offenders in most developed countries and thus it might be supposed that the effectiveness of treatment has been consistently empirically demonstrated. However, several empirical reviews over the last three decades have concluded that the effectiveness of psychological treatment for reducing recidivism is unclear (see Dennis, Khan, Ferriter, Huband, Powney & Duggan, 2012 for a recent review). For child molesters in particular, there have been fewer reviews that have explicitly investigated the extent to which psychological treatment prevents further incidences of child sexual abuse. Given the harm that is caused to children who are sexually abused (see Cashmore & Shakel, 2013 for a review), continued efforts are needed to determine the effect of psychological treatment for reducing recidivism amongst these perpetrators.

There are many methodological problems which thwart the clarity of results in sexual offender treatment outcome research, and thus the ambiguity surrounding treatment effectiveness is due also to problems in implementing robust evaluation procedures. Forming a suitable comparison group, matching treated and untreated offenders on variables which influence recidivism and tracking offenders after treatment is fraught with problems. Randomised controlled trials are considered by many to be the most credible scientific design for inferring treatment efficacy (Rice & Harris, 2003; Chitty, 2005; Seto, 2008). However, others have questioned the utility of such trials because many of the properties which make them scientifically exemplary reduce the bearing they have on actual clinical practice in the field (Seligman, 1995; Marshall, 2006; Marshall & Marshall, 2007). Furthermore, withholding treatment from sexual offenders in order to implement randomised controlled trials is controversial. Researchers have therefore relied on observational studies which make use of pre-existing groups of treated and untreated offenders.

However, the procedure of group selection introduces bias which threatens internal validity and has often limited assurance in the results observed (Rice & Harris, 2003; Enebrink, Gustafsson, Lauren, Lindblom, Langström, Rahmqvist & Werko, 2011). Bias in most observational studies is generally considered to either artificially inflate recidivism in the comparison group thereby biasing in favour of finding a treatment effect or artificially inflate recidivism in the treatment group thereby biasing against finding a treatment effect. Whilst this has reduced confidence in their use, observational studies continue to hold heavy political and practical advantages over randomised controlled trials. Therefore, an important procedure for systematic reviewers may be to evaluate the direction of bias on the outcomes observed in different studies in order to determine if research is either overestimating or underestimating the magnitude of treatment effectiveness due to decisions taken in scientific design. However, this procedure has rarely been reported in the available review literature.

Another way of assessing treatment effectiveness is by using proximal outcome indicators such as the impact of treatment on criminogenic needs which correlate with recidivism. One popular method is calculating clinically significant change on psychometric measures of criminogenic needs such as sexual deviancy, offence-related attitudes, low self-esteem, emotional dyscontrol and deficits in intimacy functioning. This type of outcome measure is seldom used in reviews of sexual offender treatment outcome research due the fact that the relationship between progress in treatment and subsequent recidivism remains unclear (Wakeling, Beech & Freemantle, 2013; Barbaree, 2005; Quinsey, Khanna & Malcolm, 1998). Thus, systematic reviewers have instead restricted the measurement of outcome to recidivism (e.g. Lösel & Schmucker, 2005; Hanson, Bourgen, Helmus, & Hodgson, 2009). However, clinical change methodology is often used in single-case studies where there is a need to determine change on targeted areas of criminogenic need for individual offenders (see Davies & Sheldon, 2011).

There is good reason to want to establish what effect psychological treatment has on preventing further offending specifically in child molesters. Child molesters are a heterogeneous group of individuals who differ according to their social-affective functioning, offence-related attitudes, offending histories and risk, victim type, self-management factors and sexual deviancy (Grubin, 1998; Beech, 1998). Treatment must be able to target various criminogenic needs subsequent to an informative clinical assessment of offending aetiology since it is clear child molesters can progress through different aetiological pathways to sexual offending as well as relapse (Ward & Siegert, 2002; Ward & Hudson, 1998). Addressing and changing criminogenic needs should

be the touchstone of offence-focused work with child molesters since they are a set of factors that contribute to risk level. However, due to the heterogeneity of child molesters and types of criminogenic need, it seems inevitable that particular types of criminogenic need in certain child molesters will be more and less amenable to psychological treatment.

The majority of child molesters are not preferentially attracted to children, and thus paedophilia is not synonymous with, or a precondition for, offending against children (Seto, 2008). A sexual preference for children is however correlated with recidivism (Mann, Hanson & Thornton, 2010), and potentially one of the most difficult criminogenic needs to manage in individuals who have already chosen to offend. Reviews of behavioural treatments have tended to conclude that whilst sexual arousal patterns provisionally alter, lasting changes to underlying paedophilic interests remain unseen (Barbaree, Bogaert & Seto, 1995; Seto, 1997). In fact, the failure of therapies to change homosexuality before it were legalised and depathologised (Acosta, 1975; American Psychiatric Association, 2000; Shido & Schroeder, 2000) would suggest that lasting change to paedophilia is unlikely if it too constitutes an underlying sexual preference (Berlin, 2000). One possible scenario for the subset of paedophilic child molesters is that sexual arousal patterns and self-regulation skills may change independent of their underlying sexual preference for children. Therefore, it is possible that paedophilic child molesters represent a rather unique sexual offender subtype whose central criminogenic need is less amenable to treatment than most others (Camillari & Quinsey, 2008). This presents a very obvious problem for treatment providers and child molesters alike. From the perspective of the child molester there is a need to suppress one's sexual preference if one is to desist from offending, however this would seem something that it not so easily achieved. Little is known about the experience of living with a sexual preference for children despite the apparent dilemma faced. Talking to child molesters with a sexual preference for children about their views and experience would seem a good place to focus enquiry if better information about their problems and needs is to be ascertained.

There is significant clinical importance in exploring the effectiveness of treatment for reducing recidivism in child molesters. Use of proximal outcome indicators such as changes on measures of criminogenic need can also offer useful information about the short-term impact of treatment and perhaps, more subtly, changes in the intentions of child molesters to abstain from offending. For child molesters who possess an underlying sexual preference for children, there is value in examining their perspectives of their sexual preference and personal lived experience. This is central to the purpose of improving understanding about their lives and needs.

Thesis Structure:

This research thesis aims to provide a broad investigation into different aspects of the treatment of child molesters. It aims to address contemporary issues in the field where further information is needed while also fulfilling the breadth of experience with diverse research methods required for an accredited professional doctorate. In following, the thesis comprises four main chapters including a systematic review, a case study, a qualitative research study and a critical review of a psychometric measure. Each chapter examines a different focus of child molester treatment with the qualitative research branching out to investigate the lived experience of child molesters with a sexual preference for children and the fifth chapter critically examining a measure of child abuse supportive beliefs used in the case study. The chapters follow in sequence however are sufficiently varied in focus and method to stand as independent studies.

In Chapter 2 the sexual offender treatment outcome research is systematically reviewed in order to answer the question of whether treatment reduces recidivism in child molesters compared to untreated comparison groups. The review contributes to a very small corpus of review literature dedicated to child molesters and builds on other systematic reviews in the field in two ways. Firstly, attempts were made to determine the direction of bias on the observed outcomes of the studies included in the data synthesis. Existing reviews have not employed this procedure and have instead identified biases without assessing their capacity to artificially inflate or reduce the chances of finding a treatment effect. This is becoming of increasingly limited use. Therefore, it was predicted that doing so would provide clearer information about the relationship between observed outcomes and decisions taken in research design. Secondly, for studies where mixed offender groups had been used (rapists, exhibitionists, child molesters etc), effort was made to determine the accurate number of treated and untreated child molesters and number of child molesters who recidivated during the follow up period. This is an improvement on the accuracy of other reviews which have not suitably dealt with mixed offender groups when attempting to evaluate the effectiveness of psychological treatment for reducing recidivism in child molesters. Recommendations for making progress in evaluating the effectiveness of treatment for reducing recidivism in child molesters are provided.

Chapter 3 outlines a case study of a child molester in HM Prison Service referred for individual work aimed at addressing his relapse prevention skills and child abuse supportive beliefs. The offender possessed a sexual preference for children however was unable to access behavioural treatment due to resource limitations in the prison establishment and time constraints imposed

by his release date. The case study outlines a formulation of the aetiology of offending using the Pathways Model (Ward & Siegert, 2002) and provides a worked example of a child molester following a particular aetiological trajectory toward offending. Treatment sessions addressing areas of criminogenic need are also outlined. The impact of these sessions was determined using systems of clinical change on psychometric measures. The case study is considered to provide a practice-based example of common issues in one-to-one treatment. The uses and limitations of determining the impact of treatment using clinical change methodology are discussed as is the use of the Pathways Model in helping to formulate offending aetiology and criminogenic need.

Chapter 4 aims to examine a relatively under-researched area in the field. It builds on the lack of clarity regarding the effectiveness of treatment for reducing recidivism in child molesters, and focuses on child molesters with a sexual preference for children. As indicated above, child molesters with a sexual preference for children may represent a unique group of offenders due to sexual preference being relatively stable. Research that explores the unique position of child molesters with a sexual preference for children from the perspective of child molesters is scant. This is despite the potential for such research to inform the field of something useful about how such a sexual preference is construed and experienced by those who identify with it and what their needs might be. In this study, the lived experience of a sexual preference for children was explored using the principles of Interpretive Phenomenological Analysis (IPA). IPA was chosen due to its ideographic and hermeneutic foundations which lead researchers to invest in detailed examinations of sense making and personal experience in particular contexts (Smith & Osborn, 2008). The study reports on data from five child molesters with a sexual preference for children who had completed treatment at a custodial establishment. The results have implications for treatment practice and are discussed in the context of directions for further research.

Finally, Chapter 5 evaluates the Sex with Children (SWCH) scale (Marshall, 1995) which was used in Chapter 3 to assess criminogenic need relative to beliefs that support the sexual abuse of children and change in this area subsequent to the treatment sessions prescribed. The scale has been extensively used in HM Prison Service in England and Wales for several years. However, its psychometric properties have not been published until fairly recently. This chapter aims to explore how the SWCH scale compares with the alternative measures in the field, both in terms of its psychometric properties and ability to tap into implicit theories about children and sex.

To summarise, the aims of this thesis were as follows:

- To evaluate the effectiveness of psychological treatment for reducing recidivism in child molesters and establish whether determining the effect of bias on observed outcomes can provide further clarity on the issue.

- To explore the use the Pathways Model in formulating offending and criminogenic need and determine the impact of treatment using clinical change methodology.

- To explore the lived experience of a sexual preference for children.

- To critically evaluate the Sex with Children scale as a measure of child abuse supportive beliefs and compare its standing with alternative measures in the field.

Statement of Authorship and Publication

Chapter 2 contains material that has been submitted for publication to Trauma Violence and Abuse: Review Journal. Thus, the authorship of this article indicates collaborative working. I am the senior author of this article and Dr. Shihning Chou, The University of Nottingham is named as a co-author. I would like to thank Nicola Wiley for her help with double scoring a proportion of the CODC assessments and Jan Looman for assisting me with the investigation by providing the specifics of his sample.

The results of Chapter 2 were presented at the following professional conference:

Walton, J. S. & Chou, S. (2013, June). The effectiveness of psychological treatment intervention for child molesters: A systematic review. Paper presented at the National Organisation for the Treatment of Abusers (NOTA) Midland's branch conference on Child Protection and Organisational Safety, Birmingham, UK.

Chapter 2

The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters: A Systematic Review of Randomised and Nonrandomised Studies

ABSTRACT

In this systematic review, the effectiveness of psychological treatment interventions for child molesters was examined. Studies were limited to randomised controlled trials, controlled trials and cohort designs where recidivism had been used as the outcome variable. ASSIA, NCJRS, Medline, PsychINFO, EMBASE, Pro-requests Dissertations and Theses A&I and the Cochrane Library were searched. Ten experts were contacted and the reference lists of 12 systematic reviews and 40 primary studies were observed. The number of hits was 3019 of which 564 duplicates, 2388 irrelevant references and 38 which did not meet the inclusion criteria were removed. Fourteen studies using mixed samples had to be omitted because it was not possible to determine the recidivism rates of child molesters in the samples described. One RCT and 9 cohort studies were included in the data synthesis providing 2119 participants. 52.1% received the intervention under investigation and 47.9% did not. The reported recidivism rates were 13.9%, for the treated child molesters compared to 18.6% for the untreated child molesters. Three studies reported statistically significant lower recidivism rates for treated child molesters. Eight studies were assessed as weak. Four studies were assessed as having bias which increased the chance of finding a treatment effect and four studies were assessed as having bias which reduced the chance of finding a treatment effect. It was not possible to determine the direction of bias for two studies.

INTRODUCTION

In the last five decades a large number of psychological treatments have been implemented for sexual offenders. Treatment modalities have largely varied and once popular psychodynamic therapies have been replaced by behavioural as well as cognitive-behavioural interventions. Behavioural interventions are based on conditioning principles and aim to alter deviant arousal patterns by pairing inappropriate sexual fantasies with aversive stimuli as an aversion therapy (Maletzky, 1997) or unpleasant imagery as a covert sensitisation therapy (Laws, 1990). Arousal to appropriate stimuli may also be attempted by modifying masturbatory habits (see Laws & O'Neil, 1981). In contrast, cognitive-behavioural treatments target the links between offence-related cognitions, emotions and behaviour and aim to replace each with adaptive processes. Relapse prevention interventions by contrast aim to promote abstinence from sexual offending through management of risk. Although relapse prevention is frequently delivered as part of a cognitive-behavioural intervention, its original application was intended to be an independent form of treatment (Pithers Marques, Gibat & Marlett, 1983). Relapse prevention is discerned mainly by its focus on encouraging offenders to develop control over the internal and external factors which lead to reoffending.

The effectiveness of these treatments remains neither clearly nor convincingly demonstrated. Some reviewers have concluded that whilst firmer inferences await further research of better quality, the existing evidence indicates that psychological treatments reduce rates of recidivism (see Hanson, Gordon, Harris, Marques, Murphy, Quinsey & Seto, 2002; Lösel & Schmucker, 2005; Corabian, Ospina & Harstall, 2010). Others however have reported that the evidence has been too insufficient to indicate that treatment was effective (Dennis et al., 2012; Kentworthy, Adams, Brooks-Gordon & Fenton, 2004; Rice & Harris, 2003). These different conclusions are not only due to a lack of consensus regarding methodological quality and the emphasis that can be placed on nonrandomised designs, but also a number of practical problems which complicate sexual offender treatment research much more generally (Collaborative Outcome Data Committee: CODC, 2007a). For instance, the low base rates of official sexual recidivism (Hanson & Bussière, 1998) mean that large sample sizes are required to reveal significant effects. However, due to funding and organisational restraints, treatment evaluations typically contain small samples. This increases the likelihood of using non-equivalent groups. To add to the problem, programme attrition rates can also make it difficult to maintain internal validity.

Due to the heterogeneity of sexual offenders, another large problem is that multiple treatment interventions are often delivered in a variety of different sequences. Controlling for the effects of non-sexual interventions is a complicated process and is often unachievable. Finally, official conviction rates are frequently selected as the outcome measure for recidivism. However, this can lead to weaker levels of recidivism detection as official conviction data are affected by police competence, court and legal efficiency and other uncontrollable variables (Marshall & Barbaree, 1988; Payne, 2007). To enhance accuracy, more inclusive definitions and indications of sexual recidivism should be used (Payne, 2007; CODC, 2007b). These problems suggest that a sufficient answer will not be found in one definitive evaluation study but through a steady accumulation of evidence provided by different studies (CODC, 2007a).

Randomised controlled trials (RCTs) have been deemed to be the optimal design for treatment evaluation (Rice & Harris, 2003; Seto, 2008; Seto, Marques, Harris, Chaffin, Lalumière, Miner, Berliner, Rice, Lieb & Quinsey, 2008). Randomised and concealed assignment should offset differences that exist between groups as well as inadvertent bias caused by the researcher during allocation. However, RCTs have proven difficult to implement. Most institutional systems have been reluctant to approve the random allocation of offenders to a non-treatment condition due to the potential for subsequent liability, such as the impact on an offender's parole opportunity (see Hollins, 2006; Friendship, Beech & Browne, 2002). It has also been suggested that it would be unethical to withhold treatment from offenders because of the potential cost to future victims (Marshall, 2006; Marshall & Marshall, 2007). As a result, treatment evaluators have often relied on incidental cohort studies or controlled trials that are more practicably achievable (see Bilby, Brook-Gordon & Wells, 2006; see also Harkins & Beech, 2006 for an overview).

Controlled trials are quasi-experimental studies where participants are allocated to the treatment condition in a non-randomised fashion. Allocation may be affected by restrictive criteria (e.g. sentencing conditions) or compromised by errors made in the randomisation process. Typically, attempts at matching are made to control for bias between the groups. It is of value to consider however that the non-random allocation of participants to treatment and non-treatment groups may predispose the treatment group to a better outcome. A further problem is that to accurately match the groups, researchers need to know all the factors which may influence the outcome. It is unlikely that all factors will be identified, and it is therefore possible that the groups will systematically differ on factors that have not been considered (Miner, 1997).

When there is no control over the allocation of participants to groups, the next most credible design would be an incidental cohort. This design is a type of observational study where the grouping of participants occurs naturally providing opportunity for follow up over a period of time. Examples include use of a retrospective sample derived from archived records or a group of offenders who have been deemed unsuitable for treatment. An incidental cohort study is more practical and is the preferred option for those who have reservations about withholding treatment from comparison groups (Marshall & Marshall, 2007; 2008). Providing the groups are matched, incidental cohort studies are also thought to be robust and suited to the logistics for sexual offender treatment outcome research (CODC, 2007a; Marshall & Marshall, 2007). Matching on variables such as age, number of sexual convictions, nonsexual offending and the victim's gender are usually chosen based on their correlation with recidivism. However, cohort designs are predisposed to bias in how the groups differ. These are generally inherent in the incidental circumstances through which they were created.

A short scoping exercise using the Cochrane Library and the Google search engine was carried in January 2012. This yielded ten systematic reviews. Following a review of these reviews, we found that some reviewers have limited their evaluations to what RCTs are on hand (Brook-Gordon, Bilby & Wells, 2006; White, Bradley, Ferrier, Hatzipetrous, 1998; Kentworthy et al., 2004). These reviews have provided less than promising results. White et al. (1998) for instance, included only two RCTs. Kentworthy et al. (2004) included nine and Brook-Gordon et al. (2006) also included nine. A more recent systematic review completed by Dennis et al. (2012) included 10 RCTs. None of these reviewers found sufficient evidence to confirm that treatment was effective at reducing recidivism. However, reviewers that have also evaluated observational studies have reported more positive results. A CODC meta-analysis by Hanson et al. (2002) for instance reviewed 43 studies and discovered a small treatment effect. Although criticised in how the reported effect size might be explained by the inherent selection bias in the nonrandomised procedures of the studies included (Rice & Harris, 2003), similar results have been replicated. Lösel and Schmucker (2005) synthesised 69 studies including over 22,000 offenders of which 9,521 were treated. Despite a broad range of positive and negative effect sizes, when the low base rate of sexual recidivism was taken into account, treated offenders showed 37% less sexual recidivism than untreated offenders overall. Among the psychological interventions, cognitive-behavioural approaches were found to have the most robust effect. In a more recent review, Hanson et al. (2009) reviewed 23 observational and randomised studies and also found that recidivism rates for treated offenders (10.9%, n = 3,121) were lower than

recidivism rates for untreated offenders (19.2%, n = 3,625). They concluded that interventions which adhered to the Risk-Need-Responsivity principle (see Bonta & Andrews, 2007) were more effective at reducing recidivism.

However, these findings cannot be ascribed to specific sexual offender typologies because the extant reviews have included different offender subtypes. Thus, there is a lack of clarification determining if what treatment effects are reported are as relevant to child molesters as they are to adult rapists. This presents a problem for policy makers since child molesters have different criminogenic needs to adult rapists and other types of sexual offenders. Paedophilic interests (Seto, 2008; Marshall, 1997), beliefs that endorse the abuse of children (Ward & Kennan, 1999) and an emotional congruence with children (Wilson, 1999) are strong predictors of recidivism (Hanson & Morton-Bourgon, 2005; Mann, Hanson & Thornton, 2010) and are typically unique to child molesters who engage in contact offences. The factors that predict recidivism in internet offenders who view child pornography continues to emerge. In a recent systematic review, Seto, Hanson and Babchishin (2011) found that 55% of internet offenders admitted to committing contact offences against children; however only a relatively low rate (4.6%) had reoffended during a 1.5 to 6-year follow up. Given that internet offenders are strongly aroused by child pornography (Seto, Cantor & Blanchard, 2006), Seto et al. (2011) concluded that many are likely to be sexually interested in children (see also Seto 2008 for review), and that factors predictive of recidivism in child molesters are likely to apply to those who view child pornography. Child molesters also possess intragroup differences relative to their risk of sexual recidivism and level of sexual deviancy, offence-related attitudes and socio-affective functioning (Grubin, 1998; Beech, 1998). Furthermore, the estimated prevalence rates of child sexual abuse are high and the adverse effects of the phenomenon are well documented (see Cashmore & Shakel, 2013). Paedophilic preferences are only thought to be clearly prevalent in approximately 50% of child molesters (Seto, 2008) and whilst a sexual preference for children is predictive of recidivism (Mann et al., 2010), there is little evidence to suggest that sexual preference is changeable (Seto, 2008). For non-paedophilic child molesters, other factors such as unmet intimacy needs, emotional dysregulation and anti-social cognitions may have led to sexual offending (Ward & Siegert, 2002) and also need to be addressed.

Only three systematic reviews have directly assessed treatment outcome for child molesters (Becker & Hunter, 1992; Alexander, 1999; Enebrink et al., 2011). Becker and Hunter (1992) reported over 10 studies with a variety of research designs including case series studies. Despite

the inconsistent findings across their studies, Becker and Hunter reported that treatment outcome was optimistic indicated by the "relatively low recidivism rates for child molesters" (1992, p.88). Such a conclusion is not difficult to invalidate however, given the low base rate of sexual offences and deficiencies in reconviction data (Barbaree, 1997; Hanson & Bussière, 1998). Alexander (1999) analysed 79 outcome studies comprising 10,988 offenders from treated and untreated groups of which 2137 were child molesters. According to Alexander, the recidivism rates for treated child molesters were lower (14.4% n = 241/1676) than they were for untreated ones (25.8% n = 119/461). However, treated offenders were compared with untreated offenders from different studies. As a result, it is likely that the effect sizes reported were compromised by numerous forms of bias. Enebrink et al. (2011) have provided the most rigorous review of the effectiveness of treatment for child molesters. They analysed one RCT and four cohort studies providing a total of 960 cases. The included treatments were cognitive-behavioural with a relapse prevention focus. Enebrink and her colleagues found the evidence from such studies to be insufficient and of too low quality to provide a more definitive answer about treatment effectiveness. They also found a lack of evidence to suggest that other modes of psychotherapeutic or pharmacological interventions were effective.

Neither review by Becker and Hunter (1992) nor Alexander (1999) met the minimum inclusion criteria in a recent Health Technology Assessment review of systematic reviews (Corabien et al. 2010). Enebrink et al. (2011) employed a more meticulous approach to the evaluation of study quality. However, Enebrink et al. (2011), while identifying bias in their included studies, did not assess the direction of such bias on the outcomes observed. Given the inconsistency of findings in the literature, the identification of bias in the absence of inferences about how the outcome has been influenced as result is of increasingly limited use. The technical obstacles and incongruent views about which designs are good enough to draw valid conclusions from may continue to present challenges to systematic reviewers in the field for some time. However, by identifying the propensity for bias to artificially decrease or amplify the chances of finding a treatment effect, some clarity may emerge through identifying relationships between observed outcomes and decisions taken in scientific design. Furthermore, Enebrink et al. (2011) used a rather nonspecific evaluation protocol devised by the Swedish Council on Health Technology Assessment (SBU) and omitted poor quality studies from their data synthesis leaving only five studies of moderate or better quality. Given the small number of studies and the inconsistency in the outcomes of these studies, no conclusions could be drawn. However, before evidence from more robust studies becomes available, studies of poor quality or with weak scientific

designs, unless clearly impeded by flaws, may be put to better use by including them in a synthesis which makes more devoted attempts to determine how bias has influenced their observed outcomes. Finally, most of the outcome studies included a percentage of adult rapist offenders in their treatment sample. Enebrink et al. (2011) dealt with this issue by including studies with only small numbers of adult rapist offenders and concluded that the observed results largely concerned child molesters. However, given the general uncertainty in the sexual offender treatment outcome literature, a systematic review more exclusively focused on child molesters is needed.

Like most types of complex judgement, the appraisal of study quality is most reliable when ratings are based on guidelines. In criminological research, the Maryland scale (see Sherman, Gottfredson, Mackenzie, Reuter & Bushway, 1997) has been most often used (e.g. Lösel & Schmucker, 2005). However, it has been criticised for its generic criteria which cannot capture the concerns specific to sexual offender treatment outcome research (see CODC, 2007a). The CODC (2007b) guidelines were instead designed specifically for such a purpose. They represent the consensus of 12 field specialists regarding the factors which tend to affect the confidence that can be placed on a study to provide an estimate of treatment effectiveness with the least possible bias. In contrast to the SBU protocol used by Enebrink et al. (2011), the guidelines provide a specific focus on the direction of bias on the observed outcome.

The purpose of the present review was to evaluate the effectiveness of psychological treatment for child molesters. The question addressed was whether treatment reduces recidivism rates and whether determining the effect of bias on the observed outcome can provide clarity on the issue. Only RCTs, controlled trials and cohort studies were accepted. The search was more recent than that carried out by Enebrink et al. (2011) by 12 to 15 months. An attempt was made to establish the precise number of child molesters in each study included and in line with the CODC (2007b) guidelines, the direction of bias on the observed outcomes was assessed. It was considered that this would start to provide clearer indication about how bias may have artificially inflated or reduced the chance of finding a treatment effect. The outcome measure was also restricted to recidivism as determined by the recommission of a sexual offence, breach of a legally enforced order or licence condition. Despite the problems with recidivism data and its inability to provide truly accurate accounts of sexual offending, it is the most significant test by current scientific standard for any intervention attempting to prove its usefulness.

METHOD

Search Strategy:

The search strategy comprised of an electronic search of the Cochrane Collaboration library and five bibliographic databases including, PsychINFO, Medline, EMBASE, the Applied Social Sciences Index and Abstracts (ASSIA) database and the National Criminal Justice Reference Service (NCJRS) database. Three dissertation and thesis portals, namely ProQuest Dissertations & Theses A&I, DART Europe E-thesis and Nottingham E-thesis were also searched. This was supplemented with a hand search of the reference lists of 12 systematic reviews and 40 primary studies. In addition, attempts were made to contact ten experts for the request of unpublished literature. The search was restricted to studies published after 1980 in an attempt to retrieve studies detailing relatively current interventions. No restrictions regarding language or country of origin were set. The following search terms were used and modified where appropriate to meet the search requirements of each database.

> (child sexual abus* or sexual offend*) OR (child molest* AND perpetrator) OR (paedophil* or pedophil*) AND (treatment programme*) OR (treatment program*) OR (treatment intervention) OR (treatment efficacy) OR (treatment effectiveness) OR (treatment effect) OR (treatment outcome) OR (treatment evaluation) AND (cognitive therapy) OR (psychotherapy) OR (behaviour* therapy) OR (behavior* therapy) OR (cognitive behaviour* therapy) OR (cognitive behavior* therapy) OR (aversion therapy) OR (satiation therapy) OR (sexual offender treatment program) OR (sexual offender treatment programme)

Coding of Study Designs:

Study designs were classified according to the CODC, (2007b) protocol. This resulted in the studies being assigned to one of three design categories:

1. Randomised Controlled Trials: experimental studies with the random allocation of each participant to a treatment or non-treatment condition.

2. Controlled Trials: quasi-experimental studies in which participants were allocated to the treatment condition in a non-randomised fashion. Attempts at randomisation may have

failed due to institutional or legal restrictions (e.g. sentencing conditions or risk and need of offenders).

3. Incidental Cohort Studies: observational studies where an untreated comparison group was generated through incidental circumstance.

Inclusion/Exclusion Criteria:

Participants:

Male adults aged 18 years or older who had been convicted of a sexual offence of any type against a child under the lawful age of consent and treated in an outpatient community clinic, prison or hospital setting. Offences could involve any extrafamilial or intrafamilial non-contact offence (i.e. making or possessing child pornography) or contact sexual offence including child molestation, unlawful sexual contact with a child and child rape. Adolescent and female child molesters were excluded from the review as were adult male rapists.

Intervention:

Psychotherapeutic interventions derived from psychological theory. Included modalities were one of or a combination of the following delivered in either group or individualised format:

1. Behaviour Therapy: Those aiming to reduce deviant sexual arousal with use of aversion therapy, covert sensitisation treatment or masturbatory reconditioning techniques.

2. Cognitive Behavioural Therapy: Those with a clear focus on establishing links between internal and external criminogenic processes and modifying such processes through the promotion of adaptive functioning.

3. Relapse Prevention: Those with a focus on encouraging offenders to identify factors that threaten relapse and to develop risk management skills capable of inhibiting them.

Comparators:

Comparators could be one of the following:

a) Randomised or nonrandomised matched comparators (no treatment and only standard care defined as prison incarceration, hospital care or community management via probation services).

b) Historic or current untreated incidental matched comparison.

Studies attempting to assess preparatory programmes where comparators, despite not receiving the preparatory programme, would have subsequently received the same complete intervention as those who did were excluded. Because treatment dropouts and refusers are more likely to reoffend than treatment completers (Hanson & Morton-Bourgon, 2005; Lösel & Schmucker, 2005), including them in the comparison group creates a selection bias (Harris & Rice, 2003). Due to this we also excluded studies that compared treated child molesters to such comparators. This decision is consistent with those of recent reviewers (e.g. Hanson et al. 2009; Enebrink et al. 2011). Where multiple comparison groups had been used, the dropout or refusers group was removed from the data synthesis. Effort was made to contact authors for clarification in cases where it was unclear if the comparison group was comprised of treatment refusers or dropouts or not. For example, Rice, Harris & Quinsey (1991) noted that the differences in the recidivism rates they reported may be attributed to differences in motivation to change. Only through contact with the first author (pers. comm, February 2013), were we able to confirm that the comparison group did not comprise of treatment refusers.

Outcome Measure:

Sexual recidivism defined as a conviction for a sexual offence or a breach of a sexual offender prevention order, licence condition and the like. Prevention orders and licence conditions are legally enforced public protection strategies preventing offenders from engaging with certain people or accessing specific public areas. Breaches are not always caused by sexual offending and can occur due to a failure of the offender to abide by the conditions set. Typically, breaches result in detainment or comparable precautionary measures. In line with the CODC guidelines, additional confidence in the reliability of outcome data was gained if official sources had been used and efforts had been made to obtain information about police arrests and alleged offences. Recidivism rates must have been used for both groups.

Study Selection and Data Management:

All articles obtained from the electronic search strategy were imported into the Endnote Web reference manager system version 3.4. Articles identified by hand were imported manually. Duplicate articles were removed after importation of all articles. Identification of studies for the inclusion criteria occurred in two stages. Firstly, the abstracts of all articles were inspected with consideration given to their eligibility based on their content. Articles considered to be eligible or potentially eligible were retrieved in hardcopy for a full text review. At this stage, efforts were made to contact the authors of the studies which used a mixed offender sample for information regarding the amount of untreated and treated child molesters who reoffended. Studies were omitted from the review if no reply was received within four months. Studies deemed as not meeting the inclusion criteria after the full text review were excluded.

Quality Assessment

The Collaborative Outcome Data Committee guidelines (CODC, 2007b) were used to assess all studies which met the inclusion criteria following a full text review. The CODC guidelines were designed for use with randomised and nonrandomised sexual offender treatment outcome studies. The guidelines contain 20 items (a 21st item is included for cross-institutional studies) organised into seven categories: administrative control of independent variables, experimenter expectancies, sample size, attrition bias, equivalence of groups, outcome variables and correct comparisons conducted. These items enable assessment of the extent to which a study's internal features introduce bias in the estimation of the treatment effect and influence the confidence that can be placed in the study's findings. Whilst specific to problems of sexual offender treatment outcome research, the CODC items address common forms of bias including: selection bias, performance bias, attrition bias and measurement bias. However, different from the evaluation protocol used by Enebrink et al. (2011), the CODC protocol directs the assessor to score the direction of bias as either increasing or decreasing the magnitude of treatment effect. After rating the items, the assessor forms a structured judgement about the extent of bias inherent in the research design (coded as either minimal bias, some bias or considerable bias). The general direction of bias is then rated in combination with the confidence that can be placed in the results (coded as little confidence, some confidence or confidence in the result being reported). A structured method of judgement is finally used to combine the overall appraisal of bias and confidence into one of the following categories: strong, good, weak, rejected.

Although use of a specific numerical algorithm is not recommended (see CODC 2007a), it is anticipated that the structured judgement process reflects the appraisal decisions for each item. Hanson et al. (2009) have already identified that a strong study would include minimal bias in estimating the effectiveness of treatment demonstrated by a well-implemented concealed and randomised design with over 5 years of follow-up, a sample in excess of 100 participants and less than 20% programme and follow-up attrition with no pre-existing differences between the groups. Randomised studies with small threats to validity such as the non-equivalence of groups which were addressed with statistical procedures could be coded as good. Nonrandomised designs could be coded as good if there were no a priori expectations of differences between the groups and none were found or if minimal group differences had been eliminated by use of effective statistical procedures. Weak studies include research designs with reasonably credible comparison groups but where doubts remain about group equivalency. Typical weak designs include incidental cohort studies with selection procedures which produce group differences. These designs may be impeded by various biases such as programme attrition or differences in follow-up periods. They may have other drawbacks which decrease confidence in the results, such as questionable validity of reconviction information. However, researchers using weak designs should demonstrate an effort to minimise bias, for instance with use of statistical control, intention-to-treat analysis and survival analysis. Rejected studies are compromised by considerable bias. Reasons for rejection may include significant and unaddressed differences between groups on factors related to recidivism or implementation failure of the programme.

RESULTS

The search yielded 3019 hits. Five hundred and sixty four duplicates were removed and a further 2388 irrelevant references were also excluded. Of the remaining 67 potential articles and reports, 38 did not meet the inclusion criteria. Reasons for exclusion were due to the lack of a matched untreated comparison group or use of an outcome measure that was not recidivism or both. A study by Marshall and Barbaree (1988) was excluded due to the use of a comparison group of child molesters, many of which "lived too far away" to attend the community clinic where treatment was delivered. Similar to Hanson et al. (2002), we considered this comparison group to consist of treatment refusers because motivation was likely to have been a factor that influenced how far away was "too far". A further 14 papers were omitted because it was not possible to determine exactly how many child molesters had been included in their sample.

The remaining 15 articles and reports provided details of 10 studies including one RCT and 9 incidental cohort studies. The larger number of articles or reports compared to studies was due to multiple publications of some of the studies. In these cases, the most recent publication was used to evaluate design quality and determine the latest rates of recidivism. However, additional information regarding the study procedure reported in earlier publications was used to inform quality assurance. For example, earlier publications of the Sexual Offender Treatment Evaluation Project (SOTEP) (Marques, Day, Nelson & West, 1994; Marques, Nelson, West & Day, 1994) proved to be useful for evaluating the research design. However, the final SOTEP outcome results reported by Marques, Wiederanders, Day, Nelson and Ommeren (2005) were used. Figure 1 outlines the search results in more detail.

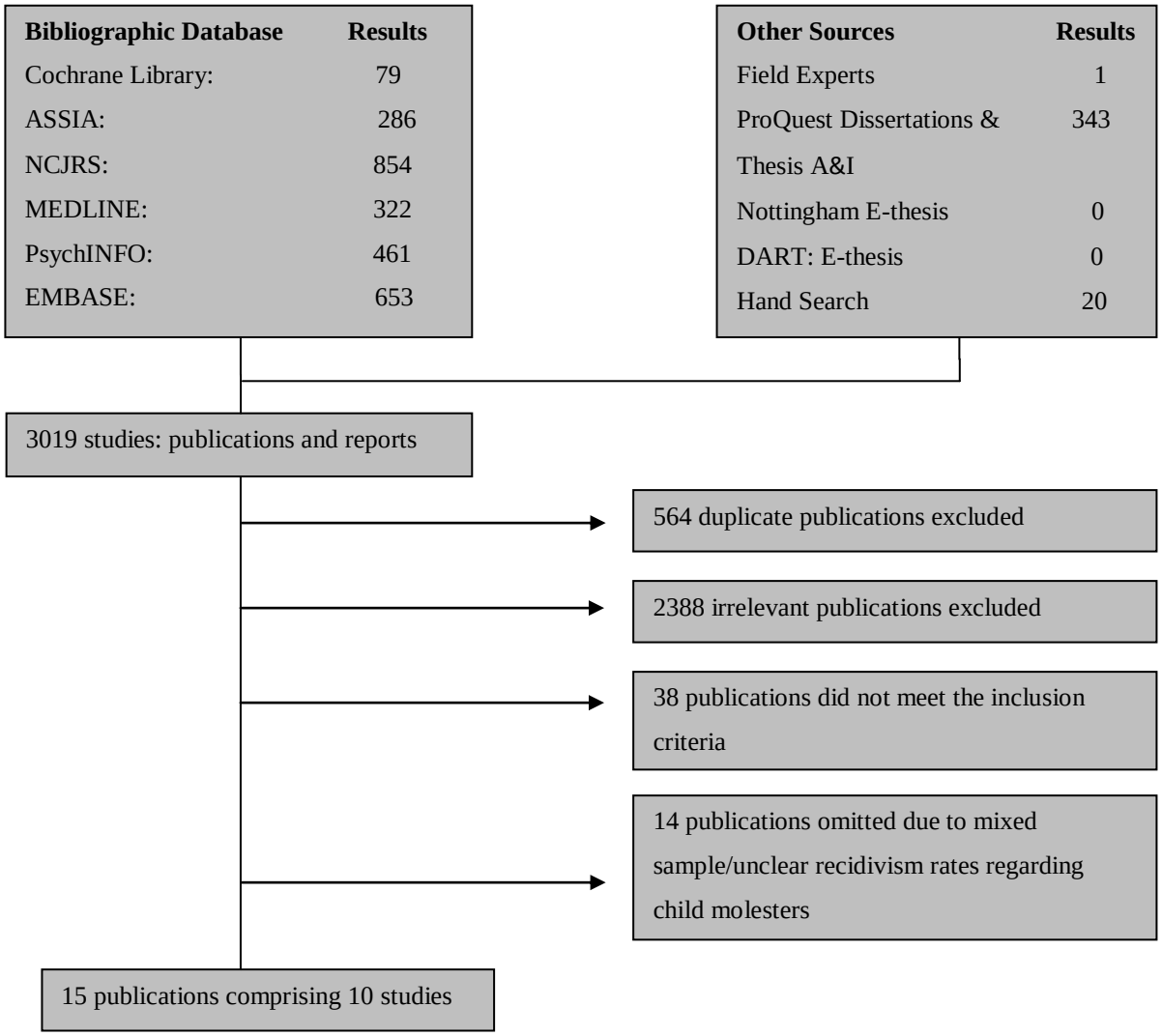

Figure 1: Search Results and Study Selection

Table 1 summaries the characteristics of the 10 studies included in this review. Four studies were reported in Canada (Looman, Abracen & Nicholaichuk, 2000; Nicholaichuk, Gordon, Gu & Wong, 2000; Hanson, Steffy & Gauthier, 1993; Rice, Harris & Qunsey, 1991), three in New Zealand (Lambie & Stewart, 2012; Nathan, Wilson & Hilman, 2003; Bakker, Hudson, Wales & Riley, 1998) one in the United Kingdom (Proctor 1996), one in America (Marques et al., 2005) and one in Australia (Butler, Goodman-Delahunty & Lulham, 2012). We extracted data specific to child molesters from the samples reported by Looman et al. (2000), Marques et al. (2005), Nickolaichuk et al. (2000) and Proctor (1996).

The sample of treated and untreated child molesters was 2119[2]. Of these, 52.1% (n = 1105) received the intervention under investigation and 47.9% (n = 1014) did not. Reported recidivism rates indicate that 13.9%, (n = 154) of treated child molesters were found to reoffend compared to 18.6% (n = 189) of untreated child molesters. However, only three studies (Bakker et al., 1998; Nathan et al., 2003; Nicholaichuk et al., 2000) could be considered to have reported statistically significant results. Three studies (Butler et al., 2012; Looman et al., 2000; Rice et al., 1991) reported lower recidivism rates in the treatment group that were not significant. Marques et al. (2005) reported higher recidivism rates in the treatment group that were not significant. Proctor (1996) reported recidivism rates that were the same for each group. Hanson et al. (1993) reported lower recidivism rates for treated child molesters compared to a first comparison group and higher recidivism rates for treated child molesters compared to a second comparison group. Lambie and Stewart (2012) reported recidivism rates that were statistically significantly lower for treated child molesters compared to a probation only group. However, due to a very high rate of programme attrition, we had to remove one of their treated groups. Differences in the recidivism rates for the remaining groups were no longer statistically significant.

Hanson et al. (1993) and Rice et al. (1991) were the only authors to report aversion therapy as the primary treatment. Interventions reported by Bakker et al. (1998), Marques et al. (2005) and Looman et al. (2000) used aversion therapy as an adjunct treatment to for offenders with deviant interests in addition to the cognitive-behavioural and relapse prevention focus. Marques et al. (2005) reported a relapse prevention programme. All other authors reported cognitive-behavioural programmes or mixed-therapy treatment in which the core modality was cognitive-behavioural therapy. The duration of treatment ranged between 2 and 24 months.

[2] A sample of non-treated offenders (n = 283) was used as a comparison group both by Bakker et al. (1998) and Nathan et al. (2003). This comparison group was only counted once.

Table 1: Studies Included in the Systematic Review

Study *Previous Publications	Country	Design	Intervention Type	Intervention Length (Months)	CODC Rating	SAMPLE SIZE		RECIDIVISM RATE (%)		Sig.
						Treatment	Comparison	Treatment	Comparison	
Bakker et al. (1998)	New Zealand	Incidental Cohort	Cog.Behav	8	Weak	238	283	8.0	21.0	x^2 12.59, p < .0001
Butler et al. (2012)[d]	Australia	Incidental Cohort	Cog.Behav	24	Good	92	120	6.8	12.8	p = .22
Hanson et al. (1993)	Canada	Incidental Cohort	Behav.Therapy	5	Weak	106	31 60	44.0	48.0 33.0	x^2 (1, N = 197) = 3.7, p = .16
Lambie and Stuart (2012)[a] *Lambie and Stuart (2003)	New Zealand	Incidental Cohort	Cog.Behav	12	Weak	64 36	186	9.4 5.6	16.0	x^2 (1, N = 286) = 3.7 p > .05
Marques et al. (2005)[b c d] *Marques et al. (1994) *Marques et al. (1994)	America	Randomised Control Trial	Relapse.Preven	24	Good	202	174	21.9	21.3	p > .05
Nathan et al. (2003)[d]	New Zealand	Incidental Cohort	Cog.Behav	10	Weak	201	283	5.5	21.0	p < .0001
Nicholaichuk et al. (2000)[b]	Canada	Incidental Cohort	Cog.Behav	8	Weak	49	21	18.4	61.9	z = -3,600, p < .001
Proctor (1996)[d]	UK	Incidental Cohort	Cog.Behav	12	Weak	39	40	10.3	10.0	p > .05
Looman et al (2000)[b d] *Quinsey et al. (1998)	Canada	Incidental Cohort	Cog.Behav	4	Weak	28	13	28.6	46.2	p > .05
Rice e al. (1991) [e] *Rice et al. (1991)	Canada	Incidental Cohort	Behav.Therapy	2	Weak	50	86	37.9	41.3	x^2 (1) = 0.31

[a] A comparison group (n = 28) consisting partly of treatment refusers and a treatment group (n = 73) with an excessive attrition rate (70%) were excluded. Differences in the recidivism rates for the remaining groups were no longer statistically significant.

[b] Study used a mixed sample of sexual offenders: sample sizes and recidivism rates refer specifically to child molesters, however follow up times represent the mean for the overall sample rather than for child molesters per se (not provided or obtainable).

[c] Marques et al. (2005) reported an overall treated sample of n = 259 comprising of 50% child molesters with female victims, 20% child molesters with males victims 8% child molesters with both female and male victims and 22% rapists. Based on these percentages the estimated total number of child molesters assigned to the treatment group was n = 202. It is acknowledged that this is an approximation.

[d] Full statistical significance was not reported/provided and only p values were shown.

[e] Recidivism rates refer to child molesters who reoffended out of two matched groups of n = 29.

The mean follow-up period was shorter for treated child molesters (7.7 years, sd. = 5.0) than it was for non-treated child molesters (8.7 years, sd. = 6.3). Differences in follow-up time for treated and untreated groups were minimal in three studies (Looman et al., 2000; Marques et al., 2005; Proctor, 1996). In seven studies (Bakker at al., 1998; Butler et al., 2012; Hanson et al., 1993; Lambie & Stewart, 2012; Nathan et al., 2003; Nicholaichuk et al., 2000; Proctor, 1996) time-to-event data were observed to determine if offenders from treated and untreated groups reoffended at different rates of time. Bakker et al. (1998) and Nicholaichuk et al. (2000) found differences in the survival distributions that were statistically significant with treated offenders reoffending less and later than untreated comparators. It is important for the reader to be aware however that the survival distributions reported by Nicholaichuk et al. (2000) were for the total sample consisting of offenders with both adult and child victims. Hence, it cannot be assured that these would hold true for child offenders specifically.

Most interventions were structured programmes. We were able to infer use of a therapy manual for eight out of the ten interventions. In many cases, this was only possible via consultation with additional literature or authors associated with the study in hand. For instance, although not outlined in their study (Looman et al., 2000), confirmation of the use of a manual for the intervention was obtained from the authors (pers. comm, December 2012). It was not possible to confirm the use of a manual for the behavioural treatment reported by Hanson et al. (1993) or Rice et al. (1991). Use of auditing procedures was outlined by Marques et al. (2005). These authors, together with Bakker et al. (1998) and Lambie and Stewart (2003) were distinct in their reports that supervision for therapists had occurred. In addition, confirmation that supervision had occurred for therapists delivering the intervention reported by Butler et al. (2012) was obtained from the authors (pers. comm, December, 2012). Video monitoring of sessions was reported by Marques et al. (2005). Beyond this, little concern was given to how treatment effectiveness may have been influenced by the extent of fidelity with which treatment was delivered.

Study Quality

The majority of studies were coded as weak indicating that the results derive from substandard designs further compromised by inadequate levels of methodological rigour. None were coded as strong. Only two studies were coded as good (Butler et al. 2012; Marques et al. 2005). Whilst employing an incidental cohort design, Butler et al. (2012) were distinct in their effort to apply a retrospective propensity analysis to provide a statistical control for selection bias, particularly

in the difference in risk potential among treated and non-treated offenders. They were also one of a select few that employed an actuarial risk instrument to yield a more reliable search for pre-existing differences between the groups. Finally, survival analysis was also used to compare differences in survival times of untreated and treated offenders after matching and recidivism information was gathered from multiple sources. The study by Marques at al. (2005) was the only RCT of the included studies. As has already been noted of the earlier publications, this study is exceptional in that it used a strong design to evaluate an evidenced-based treatment intervention (CODC, 2007a). Nevertheless, these studies still contained bias. For instance, the validity of the RCT was impeded because the experimental conditions differed beyond the treatment variable itself. Treated offenders were moved to a therapeutic hospital while untreated offenders remained in prison. Therefore, the difference in institutional settings may have been a confounding variable. On the other hand, Butler et al. (2012) had to manage a high attrition rate and included 42% of non-completers in their final comparison. Furthermore, despite their use of a sophisticated matching process, they indicted that any residual bias on known variables would predict more reoffending in the treatment group. Both of these factors biased against finding a treatment effect in their study.

The remaining eight studies were impeded by various methodological shortfalls. Regrettably, these restricted the degree of confidence that could be attributed to their capacity to control for inherent forms of bias and they could be evaluated as nothing other than weak. One problem was the presence of a priori non-equivalence of the groups; that is, the degree to which groups may be expected to differ based on selection procedures. With use of a retrospective comparison group, cohort effects can arise due to changes in systems over time, for instance differences in sentencing or prosecution measures. Assessing if variations in release dates are associated with recidivism can help to determine such cohort effects (CODC, 2007b). This was not carried out in any study that used a retrospective comparison group. In some cases, the comparison group comprised of participants that were unsuitable or not selected for treatment (Butler et al., 2012; Hanson et al., 1993; Rice et al., 1991). In these cases, differences in groups may have arisen specific to the factors which determined the inclusion and exclusion criteria for treatment (e.g. denial of offence, intellectual disability, age, mental illness, sentence type, motivation to change etc.). Preferably, in order to reduce a priori non-equivalence of groups, randomised allocation should ensure an equal probability that any participant could be assigned to the treatment or comparison condition. Only Marques et al. (2005) achieved this.

A second problem was that pre-existing differences between the groups were rarely examined with use of a valid actuarial risk prediction instrument. Instead, individual risk factors were matched with varying degrees of success (Bakker et al., 1998; Hanson et al., 1993; Lambie & Stewart, 2012; Looman et al., 2000; Nathan et al., 2003; Nicholaichuk et al., 2000; Proctor, 1996; Rice et al., 1991). Thus, the confidence that could be placed on the equivalence of groups was frequently limited due to the possibility that group differences on actuarial risk estimates or factors that were not included in the matching process had been overlooked. In some studies, group differences on individual risk factors or static risk estimates were quite clear. Marques et al. (2005) for instance, despite their randomised assignment, reported a higher mean risk score for treated offenders compared to their voluntary controls. Hanson et al. (1993) also found that the treatment group had more extensive sexual offending histories than their comparison groups. This bias was also reported by Lambie and Stewart (2012), Nicholaichuk et al. (2000) and Rice et al. (1991). However, due to the fact that we extracted specific child molester data from the sample reported by Nicholaichuk and his colleagues, we cannot assure readers that this bias would have applied in the same way to child molesters. Looman et al. (2000) for instance, also reported a higher rate of previous sexual offences in their treatment group. However, in an analysis provided by the first author (pers. comm, December 2012) for the child molesters only, the reverse was found with the small comparison group having a higher rate of previous sexual offences than the treatment group.

A third problem common to several studies was the presence of miscellaneous factors which systematically differed between the groups. The usual occurrence was that the treatment group resided in a different institutional setting to the comparison group. Normally, treated offenders were situated in a therapeutic setting while untreated offenders were incarcerated in a custodial institution (Bakker et al., 1998; Marques et al., 2005; Nathan et al., 2003; Nicholaichuk et al., 2000; Looman et al., 2000). In other situations however, concerns were directed toward the chances of untreated and in some cases treated offenders having received treatment elsewhere (Bakker et al., 1998; Nathan et al., 2003; Nicholaichuk et al., 2000; Rice et al., 1991). In all cases the proportion of offenders who might have received alternative forms of treatment was unknown and untraceable. In the final scenario, the issue of miscellaneous factors centred on differences in the services that the groups received after release from a forensic institution. In three cases, treated offenders received a post-hoc community-based aftercare service (Bakker et al., 1998; Hanson et al., 1993; Marques et al., 2005) whilst untreated offenders were subject to standard probation procedures. Even if one is able to hold all else constant, it is still difficult

to confirm which effects could be apportioned to such aftercare services and which could be attributed to the treatment delivered.

Another issue for some studies was programme attrition. Attrition bias is notoriously difficult to manage. If not included in the final comparison, high risk non-completers can create a biased sample which may make even an entirely ineffective intervention seem as though it is providing a beneficial outcome. Intention-to-treat analysis is a preferred method for avoiding the inflation of treatment effect estimations and normally results in the inclusion of all participants assigned to a treatment trial regardless of whether they completed the trial or not (Hollis & Campbell, 1999). Attrition was reported by Bakker et al. (1998), Butler et al. (2012), Lambie and Stewart (2012) and Marques et al. (2005). Attrition data was also sourced for child molesters from for the treatment group reported by Looman et al. (2000) from Looman (pers. comm, December, 2012). Small attrition rates were reported by Bakker et al. (1998) (8%, n = 19) and Looman (18%, n = 5). A larger attrition rate was reported by Butler et al. (2012) (42%, n = 39). Here, the inclusion of such a number of dropouts in the final comparison is likely to have created bias. There comes a point when attrition is large enough to limit the use of an intention-to-treat analysis. Including high rates of dropouts artificially increases recidivism in the treatment group and biases against finding a treatment effect. According to the CODC guidelines, interventions with an attrition rate over 50% should be regarded as an implementation failure. Thus, because Lambie and Stewart (2012) reported a combined attrition rate of 55% for their three treatment programmes, data from the programme with the highest attrition rate was excluded. This meant that the combined attrition rate for the remaining two programmes was 44%, n = 45. Marques et al. (2005) reported that 10 child molesters dropped out before completing 12 months of their programme and that a further 14 dropped out after completing more than 12 months. Intention-to-treat analysis was applied in a treatment-as-assigned comparison.

Other limitations which varied between the studies concern the performance of the outcome variable. Only Butler et al. (2012), Hanson et al. (1993), Looman et al. (2000), Marques et al. (2005) and Nicholaichuk et al. (2000) followed up both their groups for what is considered to be a sufficient period [over 5 years] (CODC, 2007b). This is particularly salient since recidivism rates are reported to increase with time, indicating the need for long-term observation strategies (Harris & Hanson, 2004). Having said this, no one fell short of implementing a moderate follow up period of at least three years. In all ten studies, recidivism information was obtained from official sources including correctional, probation, police and intelligence services. However,

only Butler et al. (2012), Marques et al. (2005) and Rice at al. (1991) employed a strategy using multiple sources of information to detect recidivism. Recidivism was defined as a conviction for a sexual offence or breach of a restriction order by all authors. Nicholaichuk et al. (2000) and Looman et al. (2000) however were distinct in their use of a Criminal Career Profile (CCP) analysis. The CCP enabled these authors to overcome the limitations involved with calculating reconviction statistics and gain an appreciation of the qualitative features of the reoffending in their sample. Interested readers are directed to Wong, Templeman, Gu, Andre and Leis (1998).

Assessment of the Direction of Bias

Table 2 outlines each study result by its CODC quality rating and anticipated direction of bias. As can be seen, all three studies which reported a statistically significant effect of treatment on recidivism were coded as weak. The overall bias of these studies was rated as moderate and confidence is their internal validity was limited due to design issues. In the case of Bakker et al. (1998) and Nathan et al. (2003), the overall bias was considered to have favoured the treatment group implying that the reported treatment effects may have been overestimates. In both cases, there was a statistically significant difference in follow up periods with the comparison group being at risk for longer thereby increasing the likelihood of finding more new offences in these offenders as a result of time. These authors used comparison groups sourced from file archives. Such retrospective groups are likely to include a proportion of child molesters who would have refused treatment or dropped out if treatment had been offered to them (Rice & Harris, 2003). However Bakker et al. (1998) excluded treatment failures (non-completers) from their treatment group. Because sexual offenders who refuse treatment or dropout are more likely to reoffend (Hanson et al. 2002) this decision creates a selection bias, independent of any treatment effect, that increases the chances of finding fewer offences amongst treated offenders (Seto et al. 2008; Rice & Harris, 2003). According to Rice and Harris (2003), Proctor (1996), Looman et al. (2000) and Nicholaichuk et al. (2000) also excluded refusers from their treatment group but included in the comparison group offenders who may have refused treatment if it had been offered to them. Nathan et al. (2003) may also have implemented this procedure due to the lack of any refusers and dropouts reported in their treatment group. For the comparison conducted by Looman (pers. comm, December, 2012) however, those who dropped out were included in the treatment group.

Sceptical assessors who prefer to restrict their judgement to designs with a good level of rigour could assume that there is little evidence to conclude that psychological treatments for child

molesters work at all. Neither the RCT reported by Marques et al. (2005) nor the stringently managed cohort study reported by Butler et al. (2012) yielded statistically significant results. However, the results are not as dichotomous as this view may suggest. Although coded as good, the bias rated in Butler's et al. (2012) study was likely to have reduced the chance of finding a treatment effect. In fact, the Relative Risk Reduction (RRR)[3] of their programme on recidivism was 47%. For 14 years, none of the child molesters from their treatment group reoffended and of the seven who subsequently did, only four had actually completed the programme. Similarly, Marques et al. (2005) were able to show that recidivism rates were lower for child molesters who demonstrated within treatment change ("Got It") by achieving programme goals.

The results reported by Lambie and Stewart (2012) were considered to have been impeded by bias which artificially reduced the magnitude of the treatment effect observed. This was due to a very large attrition rate and inclusion of a large amount of dropouts in their final comparison and lack of group equivalence with treated child molesters having more extensive offending histories. Rice et al. (1991) also found that treated child molesters had more serious offending histories and were at higher risk for recidivism than the comparison group. These differences were such that even after statistical matching doubts remained about their comparability. For Hanson et al. (1993), treated child molesters had nearly twice as many previous sexual convictions than both comparison groups. With such a large disparity, the confidence in a post-hoc statistical method to control for bias is significantly reduced (CODC, 2007b). In both cases, treated child molesters were likely to still be a higher risk for recidivism and this may have biased against finding a treatment effect. For Looman et al. (2000), when child molesters were selected for matching (pers. comm, December 2012) a statistically significant difference was found in the opposite direction with comparators having more previous sexual offences than treated child molesters. Therefore, bias was likely reversed to that reported in the original study with comparators being more likely to reoffend. It was not possible to determine the direction of bias for two studies. There was no obvious direction of bias for the RCT reported by Marques et al. (2005). In the case of Nicholaichuk et al. (2000), although bias was reported for the overall sample of offenders, with a longer follow up of the comparison group and more severe criminal histories in the treatment group, it was not clear if these also applied in the same way to the paedophile sample reported.

[3] RRR is the difference in event rates (in this case sexual recidivism) between the treated and untreated group expressed as a proportion of the event rate in the untreated group. Hence, RRR expresses the extent to which treatment reduces the event rate in comparison to individuals not receiving treatment.

Table 2: Study Results by Limitations and Direction of Bias

Study	Summary of Limitations							Direction of Bias
	Miscellaneous incidental factors clearly indicated	**A priori non-equivalence of groups caused by selection procedure or cohort**	**Actuarial risk assessment not used to match groups (some factors related to recidivism were potentially left unmatched)**	**Non-equivalency of groups on one or more assessed factors potentially related to recidivism**	**Significant unequal follow up periods**	**Small sample size**	**Statistical procedures to control for bias were absent or some a prior or demonstrated differences likely remained**	
Bakker at al. (1998)	◆	◆	◆	◆	◆	◆	◆	+
Butler et al. (2012)		◆		◆		◆	◆	-
Hanson et al. (1993)	◆	◆	◆	◆		◆	◆	-
Lambie and Stewart (2012)	◆	◆	◆	◆		◆	◆	-
Marques et al. (2005)	◆			◆				Unknown
Nathan et al. (2003)	◆	◆	◆		◆	◆	◆	+
Nicholaichuk et al. (2000)	◆	◆	◆	◆	◆	◆	◆	Unknown
Proctor (1996)		◆	◆			◆	◆	+
Looman et al. (2000)	◆	◆	◆	◆		◆	◆	+
Rice et al. (1991)	◆	◆	◆	◆		◆	◆	-

NOTE: (+) = Biasing in favour of finding a treatment effect; (-) = Biasing against finding a treatment effect; (Unknown) = No clear direction of bias.

◆ = Limitation applies to study.

DISCUSSION

Out of the 10 included studies, only three could be considered to have shown lower recidivism rates for treated child molesters that were statistically significant. Such results, like others previously, are expected to be controversial. Considerable resources are expended in delivering treatment for child molesters, and policy makers as well as many practitioners are quite content in unequivocally accepting the notion that they reduce recidivism. Consistent with the findings on treatment outcome for sexual offenders in general (Brooks-Gordon et al., 2006, Kentworthy et al., 2004; Dennis et al., 2012), these results suggest that the effectiveness of treatment for child molesters remains to be consistently demonstrated. This is also consistent with the results reported by Enebrink et al. (2011) but in contrast to those reported by Becker and Hunter (1992) and Alexander (1999). The evidence evaluated in this study was too conflicting to make claims about treatment effectiveness. The results have demonstrated that when further studies were included in the data synthesis, albeit of a suboptimal standard, recidivism rates for treated and untreated child molesters continued to show no clear pattern.

The cohort studies assessed were regularly limited by methodological shortfalls such as a priori group differences, lack of matching using actuarial risk prediction instruments, miscellaneous incidental factors, programme attrition, small samples and non-extensive follow-up periods. In a field such as this, where a low offending base rate makes finding treatment effects hard and heterogeneity ensures that child molesters differ on one variable to the next, these shortfalls make a suboptimal design even less credible. The directions of bias in these studies following the CODC assessments showed no obvious pattern either. Studies that reported the beneficial effects of treatment were usually found to possess bias that artificially inflated the chances of finding a treatment effect, whilst those that did not report a statistically significant difference in recidivism rates seemed to possess bias which either artificially inflated or reduced the chances of finding a treatment effect or had an unknown influence. Therefore, assessing the direction of bias on the outcomes of the included studies provided little additional clarity regarding the effectiveness of treatment for reducing recidivism in child molesters. Despite this, information regarding the influence that bias is likely to have on observed outcomes has not been presented before and in presenting it here, we believe that we have made use of an assessment procedure that should be considered more often. Given that even RCTs cannot eradicate all forms of bias, such procedure would still be appropriate should RCTs be used more frequently in the future.

Several authors recommend the implementation of stronger research designs in order to better determine the efficacy of treatment for sexual offenders (e.g. Rice & Harris, 2003; Kentworthy et al., 2004; Brooks-Gordon et al., 2006; Seto, 2008; Seto et al., 2008). However, the use of RCTs to increase the integrity of evidence will only occur when political shifts take place. An RCT assessing a psychological intervention with use of an untreated comparison group of adult sexual offenders has not been completed for 15 years (Dennis et al., 2012). So far, the rights of offenders to receive treatment seem to have been placed above the scientific cost of not being able to assign them to a non-treatment condition. Some authors (e.g. Marshall, 2006; Marshall & Marshall, 2007) consider procedures that are essential to the scientific rigour of RCTs such as double blinding and the manualisation of treatment to maximise treatment fidelity are either too hard to implement or at conflict with the ideographic formulation-based approach to clinical treatment. Marshall and Marshall (2007) have also argued that RCTs fail to create treatment and control groups that are identical on every conceivable risk-related variable. They have also suggested that the effects of knowing one has been refused treatment and the repercussion of remaining incarcerated as a result may increase one's risk of reoffending, which may thereafter override the benefits of any matching procedure. In the opinion of these authors, researchers should not be dissatisfied with having to use nonrandomised designs since these are the designs that are most practically achievable and perhaps more empirically suited to the field.

Whilst these are valid points, this review demonstrates that most incidental cohort studies are weak because they fail to apply acceptable standards of rigour that buffer against the inherent drawbacks of their nonrandomised design. Use of the CODC guidelines to assess study quality has shown that cohort designs are not being pushed to their limits and that much can be done to increase the precision of their findings. Progress can be made by using actuarial risk prediction instruments to match groups as opposed to a few accepted risk factors. However, these days we are aware that sexual recidivism is predicted by more acute and dynamic criminogenic factors that are amenable to change (Hanson & Harris, 2000; Thornton, 2002). Matching groups based on these dynamic factors would further increase confidence in their level of equivalence. Other improvements can be made by using more extensive and equal follow-up periods and multiple sources from which to acquire recidivism information. Wherever possible, researchers should also be blind when handling data. Although double-blinding is not possible in this field, single blind trials are. Finally, use of larger samples would also reduce disputes about generalisability and power.

A clearer insight into how design faults have specifically influenced observed outcomes have emerged in this investigation. However, it is apparent that there is no quick and easy solution to the problem. In this respect, we agree with Seto et al. (2008); Dennis et al. (2012); Enebrink et al. (2011) and others who advocate the need for the implementation of better scientific designs. The improvement of incidental cohort studies and the uses of RCTs do not need to be mutually exclusive. However, if the precision of incidental cohort studies cannot be improved, then ways to implement RCTs without compromising service or scientific standard need to be considered. For example, Seto et al. (2008) outlined how group equivalency problems such as that described by Marshall and Marshall (2007) could be addressed by recruiting larger samples, pooling data from multiples sites and using statistical analyses to control for inadvertent group differences on factors related to risk (see also Shadish et al. 2002). While withholding treatment from offenders in order to implement RCTs may be viewed as a threat to public safety by some (e.g. Marshall & Marshall, 2007), it may be proportionally unethical to apply treatment whose effects are yet to be consistently demonstrated. Indeed, the notion that treatment protects the public has yet to be consistently supported in the treatment evaluation literature. Seto (2008) has also pointed out that Marshall & Marshall's position on this issue neglects the possibility that some treatment may in fact have detrimental effects, unintentionally increase recidivism rates and thereby cause harm to victims. Indeed, it is perhaps pertinent to ask what threat to public safety is posed by not providing treatment, for example in order to conduct an RCT, if the effectiveness of such a treatment is unproven. When faced with the lack of good quality evidence, there is a convenient tendency to lower scientific standards and accept evidence from less rigorous trials, and this is unquestionably the current state of affairs. Regrettably, it seems weaker evidence can sometimes lead to more optimistic conclusions about effectiveness than is warranted. The concern is that such conclusions are at risk of becoming embedded in clinicians' perceptions and that more rigorous trials are perceived as an empirical luxury rather than a necessity (Dennis et al. 2012). Given the vast public resources that are expended in delivering treatments for child molesters, there is an urgent need for treatment evaluation to be carried out with the most rigorous methods available.

Seto et al. (2008) argued for the education of stakeholders and professional organisations in the value of randomised designs and the costs of delivering treatments with unconfirmed benefits. Another way to avoid the dilemma of using RCTs is through the random allocation of offenders to conditions of different treatment modality. This design has the benefit of avoiding having to withhold treatment from particular offenders and has been used to compare the effectiveness of

Multisystemic Therapy with a sexual offender treatment programme provided to adolescent sexual offenders (see Letourneau, Henggeler, Borduin, Schewe, McCart, Chapman & Saldana, 2009) as well as CBT and psychodynamic play therapy for children who engage in sexually problematic behaviours (Carpentier, Silovsky & Chaffin, 2006).

However, awaiting the cumulative gains of long-term results from RCTs, treatments evaluation may focus on proximal outcome indicators of treatment effectiveness. If treatment has an effect, one would expect better treatment performance (within treatment change) to be related to better outcome (Marques et al., 2005; Beech & Ford, 2006). For example, does a treated psychometric profile for areas of criminogenic need addressed in treatment lead to reductions in subsequent recidivism (Beech, Mandeville-Norden & Goodwill, 2012)? Determining if change on proximal outcome indicators such as measures of criminogenic need are related to recidivism would not only help determine the use of this method for evaluating treatment but also help rule particular areas of criminogenic need in or out as important areas for treatment to focus on (Seto, 2003).

Overall, treatment effectiveness for child molesters is unclear, at least as shown by the findings of the studies included here. Further studies of better quality are needed. Efforts to establish whether treatment for child molesters works in principle (efficacy) may be achieved with use of randomised designs. Once this is achieved, the evaluation of the effectiveness of treatment in real-world practice with high caseloads, resource limitations and heterogeneous groups may be completed with well controlled observational studies (Seto et al., 2008; Rice & Harris, 2003). Seto (2008) has suggested that without the development in knowledge that is possible through the use of the most rigorous evaluations, clinicians in the field face the undesirable prospect of shifting from fad to fad as new clinical treatments are introduced and popularised before their effectiveness have been firmly established through rigorous evaluations. He highlights one such example with the Good Lives Model (Ward & Stewart, 2003; Ward & Marshall, 2004). Whilst the difficulties in conducting rigorous evaluations are acknowledged, the poorly implemented studies in the past three decades appear to have progressed us no closer to ascertaining the efficacy of psychological treatment for reducing recidivism in child molesters. This absence of evidence is likely to be uncomfortable for any clinician dedicated to treating these offenders. It is thus important that clinicians and treatment evaluators keep abreast of the treatment outcome literature and aspire to execute the highest standards of scientific design possible. Only through increasing the rigour of studies in the field together with efforts to identify the influence of residual bias on outcomes of interest can progress occur.

Although this is one of the most critical systematic reviews focusing on treatment effectiveness for child molesters, it is subject to limitations. Firstly, compared to other reviews in the field, the scope of the search strategy was relatively restricted and time-bound. Furthermore, 14 outcome studies which employed a mixed offender sample had to be omitted because it was not possible to determine the proportion of child molesters in the treatment and comparison groups who had reoffended. One example is a British prison study (Friendship, Mann & Beech, 2003) which compared the recidivism rates of 647 sexual offenders from HM Prison Service's Sex Offender Treatment Programme to 1910 non-treated sexual offenders. However, of the authors contacted only nine responded. Eight stated that they did not have access to the data to determine how many child molesters were in their samples. Only one author provided us with the necessary information. Further attempts were made to contact secondary authors where correspondence information could be found but these again proved to be fruitless. Of all the outcome studies using mixed samples, only Marques et al. (2005), Nicholaichuk et al. (2000) and Procter (1996) provided details about the ratio of child molesters in each group and the proportion who had reoffended at follow-up. These were subsequently included. However, it would be contentious to suggest that the included participants are representative of the target population. One way of eradicating this problem would be for treatment evaluators to report all information specific to the recidivism rates, attrition rates and matching of the different sexual offender subtypes in their sample.

Finally, it was not possible to distinguish between specific subtypes of child molester due to the relatively small number of studies, their poor quality and the fact that many authors did not report subgroup characteristics or findings relative to these. Child molesters are heterogeneous individuals who differ on most psychosocial, criminogenic, victimological and sexual variables and their rates of reoffending often differ dependent upon such variables. Further attempts to discern between different child molester subtypes are needed. However, we have been tenacious in contacting study authors for clarification and further information. Therefore, the most up to date synthesis as well as the direction of bias in existing primary studies revealed in this review would provide a good foundation for future research endeavours.

Preamble to Chapter 4: A Note on Methodology

It is clear in qualitative investigation that methodology influences the research process from its inception to the final communication of results. As Smith, Flowers and Larkin (2009) point out, choosing a methodology is not particularly concerned with choosing the tool for the job, such as deciding upon an appropriate statistical analysis, but is instead a question of deciding what the job is. Different qualitative methodologies possess different assumptions about what constitutes data and what may be inferred or known from such data (epistemology). Research aims subtly specify epistemological assumptions that are more and less suitable to different methodologies. In the following chapter the aim was to investigate the lived experience of a sexual preference for children. In cases such as this when the aim is to investigate what it is like to experience a particular phenomenon, the interpretive phenomenological approach is favoured for its focus on lived experience and personal meaning making (Smith et al., 2009). Alternative methodologies such as Grounded Theory (Glaser & Strauss, 1967), Discourse Analysis (Potter & Wetherell, 1987), Narrative Analysis (Bruner, 1990) and Thematic Analysis (Braun & Clarke, 2006) while being useful methodologies were less appropriate to the aim of the following chapter.

Grounded Theory (GT) was not employed because the research aim was not directed toward testing ideas as they emerged in the analysis. The prospective child molester sample was also not sufficient in size to facilitate a continuous collection of data as additional concepts arose to the point of theoretical saturation (see Dey, 1999). Whilst Interpretive Phenomenological Analysis (IPA) (Smith et al., 2009) and GT are both inductive approaches, IPA is often able to provide a more nuanced and detailed analysis of lived experience in smaller samples of participants with an emphasis on convergence and divergence between cases (Smith et al., 2009). This suggests that IPA is particularly suited to the study of complex individuals and multifaceted phenomena, which research continues to show child molesters and paedophilia to be. Conversely, a GT study in this area would likely push for a mid-level theory based on a large sample of child molesters. This is perhaps too ambitious at this time when theories about child molesters are stretched and strained due to the complexity and heterogeneity of the group at large (Marshall, 1997). IPA instead offered a focus on the nuance arising from a detailed examination of the lived experience of a sexual preference for children in a small and amenable sample of child molesters.

Discourse Analysis (DA) was inappropriate due to the fact that the research was not concerned with the social functions of paedophilic discourse or how a sexual preference for children is

constructed through discursive resources. In discursive psychology one takes on the assumption that what is said by an individual is a contingent upon their social context. Thus, the aim of the analysis is to illuminate the social interactions being performed by the verbal statements rather than to relate them to experience, sense making and cognition (Wiggins & Potter, 2008).

Thematic Analysis (TA) as a method in its own right (Braun & Clarke, 2006) was a less suitable alternative than an interpretive phenomenological approach for two reasons. Firstly, TA is not tied to any particular theoretical framework (Braun & Clarke, 2006). Whilst this means that it is flexible by design and able to appeal to a broad spectrum of paradigms, it also means that it is not informed by an epistemological position and methodological framework that is concerned with the exploration of lived experience. Secondly, TA is suited to studies that include relatively large data sets because it does not possess an ideographic focus. This makes it far less suited to small sample projects than IPA.

Narrative Analysis (NA) shares an intellectual link with the interpretative phenomenological approach since IPA is concerned with meaning making and the construction of a narrative is one way of making meaning through the organising of events into a coherent whole. However, NA was not employed due to fact that most forms of narrative research focus on the structures of autobiographical stories and the constraints and opportunities that these place on experience (e.g. Gergen & Gergen, 1988). In particular, the key epistemology and methodological focus is grounded in the way narratives chronologically and conceptually construct meaning rather than how particular phenomena are consciously experienced and made sense of.

Finally, whilst it was clear a phenomenological approach would be most suited to the study aim, IPA was chosen over descriptive approaches (Giorgi & Giorgi, 2003; Ashworth, 2003) because of its hermeneutic and ideographic values. Descriptive approaches to phenomenology closely translate Husserl's original phenomenological method (Husserl, [1931] 1967). Therefore, there is a dedicated attempt to temporarily suspend the preconceived beliefs which distort our view of the world in order to gain access to the experience in its purest form and in doing so, describe its invariant structures as precisely as possible (see Langdridge, 2007). The paradoxical and practicable problems with suspending subjective beliefs as well as the limitations of a pure descriptivist approach are well documented (LeVasseur, 2003; Noë, 2007; Langdridge, 2007). IPA by contrast draws from a corpus of existential and hermeneutic literature which ensures a phenomenological approach that is more interpretive, favoured and utilised.

Chapter 4:

Sexual Preference for Children: An Interpretive Phenomenological Analysis

ABSTRACT

There is remarkably little research that examines the experiences of individuals who possess a sexual preference for children. This study investigated the lived experience of five incarcerated child molesters who possessed a sexual preference for children and had completed the Core Sex Offender Treatment Programme in HM Prison Service in England and Wales. Semi-structured interviews were carried out and the data were analysed using the principles of Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). Four recurrent themes were identified. These were: (1) It Creates a Battle for Me, (2) I'm Always Going to Have These Thoughts, (3) There's No Help Out There and (4) My Interest in Children is More Than Just Sexual. In particular, these participants perceived that there sexual preference was an enduring aspect of self that would require continuous management. Most experienced internal self-hatred and considered there to be a lack of available support in society. The results have implications for clinical practice and are discussed in the context of directions for further research.

INTRODUCTION

Individuals do not merely choose their sexual preferences, nor for that matter can they so easily change them (Berlin, 2000). For the majority of society with sexual preferences that fall within the limits of cultural norms, this need never be of any concern. However, when the object of an individual's sexual preference is legally prohibited, an obvious crisis arises. Adult-child sexual interactions can be the expression of one such sexual preference that is inherently problematic by modern social standard. Those at risk of committing abusive acts against children are usually referred to as either "child molesters" or "paedophiles". These terms represent socio-legal and psychopathological conceptualisations of the phenomenon. Feelgood and Hoyer (2008) have pointed out that while these concepts may overlap, they are not interchangeable. The term "child molester" is used for those who engage in sexual acts with children. Whether the individual is classified as a child molester or not is decided according to legally defined age criteria relative to the victim. The term "paedophile" however applies to individuals with a sexual preference for children regardless of their decision to act. Paedophilia is a diagnosed disorder characterised by a cluster of symptoms which imply a level of socially defined dysfunction. According to the World Health Organisation (1997), paedophilia may be defined as: "a sexual preference for children, boys or girls or both, usually of prepubertal or early pubertal age". Urges to engage in sexual acts with children are symptomatic of the condition and whilst they may cause distress, this is not a defining feature.

Diagnosable paedophilia is only prevalent in approximately 25% to 50% of child molesters (Marshall, 1997; Seto, 2008). Therefore, for the majority of child molesters, a sexual preference for children may not be the cause of offending. Sexual preoccupation, emotional dysregulation, abuse endorsing beliefs and unmet intimacy needs are predictive of recidivism and are as central to aetiological models of sexual offending as deviant sexual preferences (Ward & Siegert, 2002; Ward & Beech, 2006). A sexual preference for children is however strongly correlated with recidivism (Mann et al., 2010). Furthermore, estimated prevalence rates of child sexual abuse are high. In a meta-analysis including 65 studies from 22 countries, 7.9% of men and 19.7% of women were found to have reported experiencing sexual abuse before the age of 18 (Pereda, Guilera, Forns, Gómez-Benito, 2009). In a British sample of 2869 respondents aged 18 to 24, 11% were found to have reported experiencing sexual abuse before the age of 16 (May-Chahal & Cawson, 2005). Thus, there continues to be a pressure placed on society to reduce recidivism rates. However, criminal sanctions such as sentencing and supervision have shown to be of

limited use for reducing recidivism (see Seto, 2008 for a review). Reviews of psychological treatments for child molesters, whilst not constrained to paedophile samples, also indicate that consistent treatment effects are yet to be established (Enebrink et al., 2011). Organic treatments such as hormonal medication and surgical castration have demonstrated some ability to reduce recidivism however these are not clear (Lösel & Schmucker, 2005; Weinberger, Sreenivasan, Garrick & Osran, 2005). Compliance is a key concern with hormonal medication and surgical castration is drastic. Furthermore, castrated men may retain erectile function and can continue to engage in sexual abuse.

The unsuccessful attempts to alter homosexuality until it was depathologised (see Acosta, 1975) implies that lasting change to any type of sexual preference including paedophilia is unlikely. Ahlers and Schaefer (2010) have proposed that sexual preference may be defined using three independent dimensions. The first dimension is sexual orientation and refers to the preference of gender along a heterosexual-bisexual-homosexual continuum. The second dimension is sexual directedness and refers to a preference of age along a children-adolescent-adult continuum. The third dimension is sexual inclination and refers to a preference for particular sexual activities. Paedophiles may thus be considered to show a heterosexual, bisexual or homosexual orientation toward children with any type of sexual inclination. A central feature of this definition is that sexual preference is distinguished from the intensity and frequency of sexual feelings. Taking forward the notion of deviant sexual interest (a term usually used to refer to a sexual preference which if acted upon would involve offending), Hanson (2010) also discerns between sexual self-regulation, atypical sexual interest and sexual intensity in defining deviant preferences such as paedophilia. Here, self-regulation is used to refer to the ability to manage sexual thoughts in a way that is consistent with other's rights. Atypical sexual interest refers to a deviant preference such as a paraphilic preference and sexual intensity refers to the extent to which sexual thoughts are perceived as overwhelming and the regularity with which they occur. The key theme across these definitions is that paedophilia is differentiated from the intensity of sexual feelings, gender preference and regulation ability. Following this, it is possible that a sexual preference toward children could remain stable despite changes to the intensity of one's sexual arousal and their ability to regulate it.

Behavioural treatments are the only form of intervention that target sexual arousal levels with the objective of concurrently changing underlying preference. According to a recent review of North American interventions (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010) the goal

of behavioural treatments is to increase arousal control by reducing abusive sexual interests and developing appropriate ones. Such a goal is achieved by pairing deviant fantasy with aversive stimuli or by attempting to increase arousal to appropriate stimuli by modifying masturbatory habits. The effectiveness of behavioural treatment for modifying sexual preferences is however largely unproven and limited (Barbaree et al., 1995; Barbaree & Seto, 1997). In short, whilst some behavioural techniques can have an effect on sexual arousal patterns, the extent to which these are maintained and result from changes in sexual interest is unclear. According to Webster et al. (2011), the treatment goal conflates the notion of "cure" (accomplished by modifying the sexual interest) with the idea of "control" (achieved by learning how to control arousal). Indeed, there would appear little evidence to support the view that underlying sexual preference can be changed.

The lack of consistent positive treatment outcome presents a challenge for treatment providers. However, for those individuals with a sexual preference for children, a related social and sexual problem impacts on their lives and is innately related to the risk they pose. According to Webster et al. (2011), even if sexual self-regulation and sexual intensity phenomena can be changed, it cannot be assumed that this will affect the independent and potentially more stable dimension of deviant sexual interest. They raise the point that this appears to leave child molesters who possess a sexual preference for children in a position with limited choice since the approach of most treatments require them to live with a preference that must be somehow contained.

It is interesting to consider what living with such a preference may be like. This is particularly so given that sexual satisfaction is a goal that humans naturally seek as one feature of a basic need for human relatedness (Ward, Mann & Gannon, 2007; Webster et al. 2011). Many pre and post legislative accounts of homosexuality have revealed an internalised phobia, internal conflict, suppression of desires and a sense of powerlessness (e.g. Saghir & Robins, 1973; Stein & Cabaj, 1996; Cody & Welch, 1997; Bobbe, 2002; Spencer & Patrick, 2009). Since homosexuality was once prohibited and pathologised, it is reasonable to assume that these accounts may shed light on the way paedophiles could experience their sexual preference for children. However, there are very few studies that have examined the accounts of men with a sexual preference for children and practically none have investigated the lived experience of such a preference. A study by Wilson and Cox (1983) remains the most in-depth investigation. Wilson and Cox surveyed 77 members of the London Paedophile Information Exchange (PIE) network in 1978-79. These were supported by 10 interviews. Survey questions focused on areas such as

age preference, feelings towards intercourse with adults, nature of attraction towards children and attitudes towards sex. One third of respondents reported being happy or proud about their sexual preference. A further third reported being confused, and a small group reported being frustrated by the shortage of available sexual outlets. These feelings however were often caused by the perceived negative attitudes of society rather than any distressing feature of their sexual preference. In fact, only nine respondents reported negative feelings such as hopelessness, depression and shame. Most respondents had not sought treatment either because they did not perceive their preference to be pathological or because they felt it so entrenched as to be irremediable. Nearly all respondents rejected the idea that their sexual preference for children was changeable.

It is important to consider the composition of the PIE sample when assessing Wilson and Cox's data. During its existence, the PIE campaigned for greater levels of acceptance of paedophilia. The respondents were non-incarcerated individuals who accepted their sexual interest and thus were likely to have viewed their participation in survey research as an opportunity to convey a fairly specific representation of paedophilia to the scientific community. These were indeed rare individuals who perhaps by joining an outspoken network were less than typical of the group at large. In an equally rare study by Schultz (2005) for instance, analysis of the autobiographical stories of nine convicted child molesters revealed little in the way of acceptance and happiness. Instead, for most participants there appeared to be a central desire to change. However, many of the participants, although convicted of offences against children, did not necessarily possess paedophilic interests. In fact, out of the nine participants, only two were described as what Schultz, (2005) called "preferential child molesters", showing a "marked sexual preference for children through their lives" (p. 197). Like those from the PIE sample, one expressed doubt about his capacity to control his impulses to offend again. In contrast, the other indicated that as long as he could engage in relationships with men, he would be less tempted to seek children. However, both preferential child molesters described a sense of unhappiness about their sexual preference.

Given that the participants Schultz interviewed were recruited from a prison population, it is of course possible that they were also prone to conveying information in a specific way. Convicted and incarcerated offenders for instance may be more likely to report desirable changes in sexual interests and minimise estimates of future offending for fear that their prospects will be greatly reduced if they do not. In fact, the PIE sample is unique for the reason that it comprised of men

who were at large in the community and relatively unknown to legal authorities. However, due to the societal condemnation of paedophilia driving the phenomenon underground, it is a fact of life that scientific enquiry has had to rely on samples of convicted perpetrators. The fact that the effectiveness of treatment remains unconfirmed and the notion that paedophilia constitutes a stable sexual preference, suggests that offenders with a sexual preference for children face an inherent problem. Whilst sexual urges may be regulated and attitudes toward sexual abuse may be changed, the underlying interest may remain intact. However, due to moral standards, society does not allow sexual preferences for children to be acted upon and therein lies the dilemma. Until now there have been no explicit attempts to explore how such a dilemma is experienced. In response to the paucity of research in this area, the aimed of this study was to investigate the lived experience of a sexual preference for children in a group of treated child molesters. By the term "lived experience", reference is made to the way a phenomenon is experienced and made sense of as it takes significance in the lives of particular individuals.

Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008; Smith et al., 2009) was used as a methodological approach. IPA is inherently hermeneutic in its attempt to access a participant's personal world insofar as is dependent on the analyst's own assumptions (Smith, Jarman & Osborn, 1999). That is to say, IPA involves a double-hermeneutic where the analyst attempts to make sense of the participant's attempts to make sense of their world (Smith & Osborn, 2003). In accordance with the ideographic approach, IPA also emphasises the value of the individual as a unit of analysis (Smith, Harre & Van Langenhove, 1995; Smith et al., 2009). Where multiple cases are used the analytical procedure becomes more iterative moving from one case to the next in order to arrive at more general claims. Therefore, IPA does not eschew generalisations. Rather, it prescribes a way of establishing them that is located in the particular and is inherently more cautious than nomothetic approaches (Smith et al., 2009). This is well suited to the study of sexual offenders who possess a sexual preference for children since the heterogeneity of this group is so large that mid and macro-level theories are continually strained (Marshall, 1997). Therefore, it would seem that an ideographic sensibility and micro-analytical approach could be of use. To this end however, IPA is subjective by design. It aims to conduct an investigation that enables lived experience to be expressed in its own terms, situating people in their particular contexts and exploring their personal perspectives (Smith et al., 2009). The focus was therefore not to propose a theory, but to generate grounded information with texture and nuance about how offenders with a sexual preference for children perceive and experience the exceptional situation they are facing.

According to Smith et al. (2009), the rationale for choosing IPA over other qualitative methods should be that it is consistent with the epistemological position of the research aim. Implicit in the development of any interpretive enquiry is a postulation about what the data can reveal. The postulation held in this study was that the phenomenon of a sexual preference for children could be investigated by exploring the experiential accounts of relevant participants and focusing on what is made salient by their attempts to describe and make sense of it.

METHOD

Sampling and Inclusion Criteria

There is no correct response to the question of sample size for an IPA study (Smith & Osborn, 2008). However, it is usually accepted that less is more (Reid, Flowers & Larkin, 2005; Smith et al., 2009). Samples are generally small, homogenous, well-defined and purposively-selected. Samples of three to five are favoured due to the parameters of these sizes enabling more nuanced analysis, and these numbers can provide sufficient perspective given adequate contextualisation (Smith et al., 2009; Smith & Osborn, 2008). According to Smith et al. (2009), four cases with an upper limit of ten are suitable for doctorate projects. The sample in this study was shaped by a commitment to ideographic analysis. However, it was also restricted by the task of obtaining a homogenous and carefully-situated group of child molesters from one custodial establishment.

Participants were required to have completed the Sex Offender Treatment Programme (SOTP) Core Programme (Mann & Thornton, 2000). This condition was taken to minimise any possible harm coming to participants by providing a base level of assurance that they were familiar with talking about their sexual preference for children. The Core SOTP is one of five interventions for sexual offenders delivered in HM Prison Service in England and Wales. The criterion for participation in the study was a sexual preference for children, the exclusivity of which was confirmed by the Structured Assessment of Risk and Need (SARN) framework (Thornton, 2002; see Webster, Mann, Carter, Long, Milner, O'Brian, Wakeling & Ray, 2006). The SARN is a multi-step framework used by clinicians to assess the risk posed by, and treatment needs of, sexual offenders prior to, during and after their engagement in the SOTPs. It is completed by trained clinicians and uses a scoring protocol that determines the degree of presence of 15 risk factors both in the lead-up to a sexual offence and an offender's life in general. Each risk factor is scored on a three point scale of: 0 = not present, 1 = present but not a central characteristic and

2 = centrally characteristic. Risk factors scored as centrally characteristic of both an offender's offence and life in general are defined as an area of treatment need. Evidence is obtained from psychometric data, interview information and collateral documentation. A sexual preference for prepubescent children defined as boys under the age of 14 and girls under the age of 12 is one of four risk factors assessed as part of an assessment of deviant sexual interests. This risk factor must have been assessed as a central characteristic of the offender's life in general and in at least one offence for participants to be eligible for the study. The SARN also allows assessment of a sexual preference for partially-pubescent children under the age of 16 as a separate risk factor. Participants who had been assessed as possessing such a preference were accepted providing a preference for prepubescent children was also demonstrated.

In order to avoid exacerbating active mental health symptoms, participants were required to be of a stable mental state. Participants receiving input from mental health or counselling services were excluded. Participants with learning disabilities were also excluded due to the likelihood that they would possess less resiliency abilities to manage the interview. Participants who were engaged in treatment at the time of data collection were excluded. This measure was designed to reduce the potential for research procedures to interfere with treatment.

Ethics

Approval for the study was granted by the National Offender Management Service (NOMS) National Research Committee and the National Health Service (NHS) National Research Ethics Service (NRES). The following ethical guidelines were applied: right to withdraw during data collection, responsible data control, informed consent, debriefing and anonymity and were in line with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2010).

Procedure

Participants were recruited via access to assessment databases in order to identify those who satisfied the inclusion criteria. Those who were contesting their sexual preference or who were likely to find the interview difficult were deselected. Prospective participants were approached by the first author or programme facilitators and were provided with an information booklet outlining the research, interview, right to withdraw and data management measures. At no time were participants made aware of who was taking part in the study. Six participants expressed an interest and were interviewed. A debrief was conducted following the interview in order to

record participants' experiences including adverse effects should they have been present. A list of support services was provided in all cases to increase access to help in the event that adverse effects were delayed. Although meeting the inclusion criteria, one participant was unwilling to discuss his sexual preference for children. This data was considered for analysis on the basis that his reluctance reflected underlying psychological struggles. However, it was felt that this would necessitate too many unsupported assumptions and would not assure the capacity of such data to answer the research question. Given the aim of the study to examine the experiences of insightful participants, the case was omitted in order to preserve the homogeneity of the sample. All information from which participants and their victims could be identified was anonymised.

Participants

The age of participants ranged from 24 to 50 years old. All were convicted of contact offences against children. Two participants had committed both intrafamilial and extrafamilial offences. Stephan was convicted of offences against his daughter and female children known to him. Vincent was convicted of offences against his son, daughters and his daughter's friends. In addition to their contact offences, Jonathan and Vincent were convicted of possessing indecent images of children. Richard, Jonathan and Vincent reported their sexual preferences as being for prepubescent children. Richard reported being attracted to girls aged between six and ten years old. Jonathan reported being attracted to boys aged five to eight years old and Vincent reported being attracted to girls aged eight to eleven years old. Christopher described his preference as being for boys aged 12 to 14 years old. Stephan described his preference for girls aged 12 and 13. Vincent was divorced and Stephan reported a history of relationships with both adults and children. Richard and Jonathan reported having few relationships with adults. Christopher reported never having had any adult relationships.

Interview

A semi-structured interview schedule was used. This was designed to facilitate a comfortable interaction with participants which in turn enabled them to provide a detailed account of their lived experience. The interview focused on areas of interest relative to the lived experience of a sexual preference for children. These were (1): the phenomenological construct, (2): experience of problems faced, (3): anticipation of future problems and (4): use of coping strategies (see appendix 13 for a copse the interview schedule).

Data Analysis

The analysis was carried out by the author who at the time of the study was 28 years of age and had worked in the assessment and treatment of sexual offenders within HM Prison Service and the National Health Service for seven years. His original impetus for the study was born out of noting a reflection of several sexual offenders he had worked with about the permanence of their sexual preference for children and the problems this posed. Hence, the author came equipped with a particular set of experiences which led to an agenda and preconceptions about the data. For instance, it was presumed that there was a subset of offenders with a sexual preference for children who were likely to possess related beliefs and experience similar problems to those the author had worked with. The author thus brought his clinical knowledge and experience to bear on the data, and the results reflect this. It is also important to note that the author and the study, together with most research in this field, is located within the dominant discourse and cultural perspective on paedophilia which treats it as a universally problematic phenomenon and prompts agendas for developing solutions (Mirkin, 1999; Schmit, 2002). Hence, the author possessed value-laden motivations toward propagating this perspective, particularly through focusing on topics which inform clinical implications. A personal biography is provided in appendix 15 outlining the author's experiences and the preconceptions he brought to the study.

During the research a reflexive diary (Finlay, 2008; Ortlipp, 2008) was maintained to enable a process of self-reflection about the author's preconceptions and how these influenced the case-by-case analysis. Two short excerpts are provided in appendix 16 to illustrate this process and are intended to help demonstrate analytical rigour (Yardley, 2000). An example of reflexive thought is provided below. This example concerns the process of becoming critically aware of the invasive influence of 'clinical attitude' on the data and engaging more openly with personal meaning. This example illustrates the general influence of the diary on the analysis, in that it enabled the author to become aware of his professional position and preconceptions and how such fore-structures influenced his interpretation of the data.

> I am surprised by the continued reliance on avoidance. Why am I surprised? Well, he has completed SOTP and in drawing on my treatment experience, I am aware that avoidance is de-emphasised as a coping technique in favour of more approached-focused strategies. Indeed, I have been allowing myself to be guided by my clinical opinion about his coping rather than to listen to his sense making and understand it more freely. Since remaining reflexively aware of this tendency I am beginning to consider how avoidance forms a very simple heuristic for him to live by and allows him to maintain a basic sense of control.

A 6-step guide to data analysis provided by Smith et al. (2009) was employed. Whilst IPA does not prescribe a single method it should be iterative and inductive in nature (Smith & Osborn, 2003; Smith, 2007). As a result, IPA can be characterised by a set of processes including: (a) a move from what is distinctive about a case to what is shared among cases, (b) a move from the descriptive to the interpretative, (c) a commitment to an understanding of the participant's point of view and (d) a focus on personal sense making (Reid et al., 2005).

Firstly, the verbatim transcript was read three or four times to ensure familiarity with the case. The second step involved making descriptive, linguistic and conceptual comments. The text was tabulated and comments were made in the right-hand column. In making descriptive comments the data was engaged at face value and acronyms, idiosyncratic figures of speech and emotional responses were identified. Linguistic comments focused on the function of language. Choice of words and use of metaphors were examined to provide a level of exploratory depth. Conceptual comments were more interpretive and the text was progressively interrogated. These comments led to questions about the participant's sense making while encouraging a process of immersing deeper into their lived experience. Emergent themes were developed in step three and were recorded in the left hand column. Step four involved the development of super-ordinate themes through a process of manipulating the emergent themes to form new clusters of meaning. Step five involved moving to the next case. An independent audit of the data (Smith et al., 2009) was completed at this stage by the second author to ensure that sufficient analytical rigour had been applied and that the first author's phenomenological interpretation was credible and grounded. Finally, conceptually similar themes between cases where identified in step six. An example analysis of text is provided in Figure 1.

Figure 1: Analysis Example

Theme	Original Transcript	Exploratory Comments
Internal battle	**(P)** It's a constant internal battle. During the course I described it as	*Use of words: "internal battle"* – fight with self, struggle.
Self-hatred	self-hatred. I'm never free from it. You've got this thing of I'm out to	*Use of words: "self-hatred"* – loathing of self.
Trying to get a better life	get a better life, knowing that if a young child walks past me and I think she's nice, I'm thinking you're an awful man for thinking that, so you always have that double	**He wants a better life.** **He is always aware that he is attracted to children and this hampers him from moving on.** **Critical of self for having inappropriate thoughts.**
Meta-cognition	thought process in your own head. There's no getting away from it.	<u>This appears like a meta-cognitive process.</u> **No escape from it.**

Note: **Bold = descriptive comments**, Italic = linguistic comments, <u>Underlined = conceptual comment</u>

Validity:

In an attempted to ensure validity of the following phenomenological account, an effort was made to achieve the validity criteria outlined by Yardley (2000; 2008). According to Yardley (2000) validity in qualitative research may be demonstrated by four essential principles; namely, (1) sensitivity to context, (2) commitment and rigour, (3) transparency and coherence and (4) importance and impact. The first of these may be achieved by a focus on the particular which can be shown by sensitivity to the raw data (Smith et al., 2009). In following, all themes were supported with sensitivity to ideographic context through uses of verbatim extracts. Yardley's second principle was upheld not only through rigorous selection of participants, but adherence to a rigorous IPA protocol which included use of a reflexive diary and an independent audit by a second investigator as a form of triangulation that ensured confidence in the plausibility of the interpretations by the author. In order to achieve Yardley's third principle, information about the five participants, the author, the analytical process and the phenomenological account derived has been provided for its coherence and plausibility to be determined. Finally, Yardley's fourth validity criterion will be a continuing appraisal by the reader and their opinion about the results to convey something interesting and of use.

ANALYSIS & DISCUSSION

The development of the final themes was not exclusively based on the prevalence of supporting evidence but the value such evidence offered for understanding the convergence and divergence in the participant's sense making (Smith et al. 2009). This clustering resulted in four recurrent themes: (1) It Creates a Battle for Me, (2) I'm Always Going to Have These Thoughts, (3) There's No Help Out There and (4) My Interest in Children is More Than Just Sexual. Each recurrent theme consisted of several superordinate themes. These acted as sub-themes and there arrangement is outlined in Table 1.

Table 1: Final Recurrent Themes with Related Superordinate Themes

1. It Creates a Battle for Me	**2. I'm Always Going to have these Thoughts**
Internal Battle	I Will Always Have These Thoughts
Conflict in my Head	Enduring Sexual Interest
	It Will Always Be That Way
	Longevity and Without Choice
	Paedosexual
3. There's No Help Out There	**4. My Interest in Children is More Than Just Sexual**
Lack of Support	My Interest in Children *Isn't* Purely Sexual
Support After Release	I feel Connected to Them
No Genuine Help	
Labelled	

Note: Superordinate themes are in italics

1. It Creates a Battle for Me:

This recurrent theme consisted of two superordinate themes: Internal Battle and Conflict in my Head. Although only originating from two participants, Richard and Jonathan, the themes are conceptually similar and highly meaningful, demonstrating how self was experienced as divided and at odds with one part desiring sexual contact with children and the other opposed, leading to avoidance and self-critical thought processes. Richard outlined his agreement with an intolerant societal attitude towards his sexual preference on several occasions, however acknowledged being concurrently drawn in the opposite direction. This suggests that his battle has been shaped

by competing pressures to meet the needs of his sexual preference and conform to accepted social standards.

> It's not that I'm against their point of view, I'm stood on that side of the fence too, I understand the intolerableness of it but at the same time, it's almost two people in my head is the best way to describe it. On the one side, errrrm, I have this part of me that is interested in children and on this other side of me, I have, errr... I know it's wrong [Richard: line 69 – 74].

> It's challenging knowing that I always have to challenge my own thought process and it creates an internal battle continuously [Richard: line 123 – 124].

Richard's battle involved negative self-appraisals and was therefore appropriately interpreted as an internal battle by him. Consider how Richard describes his objective to build a better life in the extract below and how this is impeded by meta-cognitive processes. One here gets the sense that there is little escape from the self-critical thoughts that accompany his sexual thoughts about children and that his internal battle has been a persistent lived experienced for him.

> It's a constant internal battle. During the course I described it as self-hatred. I'm never free from it. You've got this thing of I'm out to get a better life, knowing that if a young child walks past me and I think she's nice, I'm thinking you're an awful man for thinking that, so you always have that double thought process in your own head. There's no getting away from it [Richard: line 103 – 108]

Jonathan's description of a conflict in terms of two halves of his brain is also indicative of him making sense of his sexual preference as two opposing parts of self. He too experienced negative feelings toward himself, although these appeared related to the sense that his sexual attraction would not be accepted by others.

> I'm at conflict in my head. One part of my brain is saying go and do it and the other is saying no [Jonathan: line 39 – 40].

> I became depressed because I knew no one would accept what I liked and I hated people and myself for that [Jonathan: line 68 – 69].

Consider his final response in the dialogue below. Despite gaining satisfaction from the process of deleting the indecent images off his computer, he was aware that he would recover them. The battle was a continuous one and for Jonathan the phenomenological experience here appeared to be the awareness that his sexual preference would retain some sort of control over his actions. The sense of conflict continues for him. As can be seen, the temporal references he uses change from the past to the present as he emphasises that he continues to experience a constant battle.

> **(P)** Sometimes I would delete it all, errr... the porn on my computer, but then a few weeks later I would recover it all.
> **(I)** Right I see. What was the experience like when you were going through the deleting process?
> **(P)** Well, it was satisfying to delete it all, but I knew deep down that down the line I would recover it. It's been a battle. It's a constant battle all the time [Jonathan: line 57 – 63].

For both these men, avoidance was central to how they experienced of their battles. Situational avoidance, achieved by evading children and triggers and cognitive avoidance for instance by attempting to divert thoughts away from children had been central to the way they lived their lives, and was a strategy that they intended to implement despite it proving counterproductive. Consider the extracts below and how avoidance misregulated rather than regulated Richard's ability to manage his thoughts. The metaphor "in a desert without water" draws a close parallel between the dehydration of the body in the absence of water and the deprivation of his sexual interest in the absence of children. Under these circumstances, Richard's urges for children increased as he experienced more vivid thoughts. Avoidance has also made it difficult for him to maintain a normal social life, and he has been unable to stop his sexual thoughts.

> …keeping myself away has at times made the thoughts more vivid, you know wanting more because when I was at the play centre I was with them all the time, I could watch them and it didn't matter with the access. But then suddenly it stopped and it was like being in a desert without water. It was depriving me errrm, depriving me so much from looking at children and staying away from them that it made me want more [Richard: line 258 – 264].

> You know so you're avoiding any risky situation which when you're also trying to look normal, errr, you know you just can't do […] you try and stay away from children within that confined environment, ummm, but in my head, well, I was already looking round to see who was there. It's the battle again [Richard: line 209 – 212].

Jonathan also experienced tendencies to avoid people and thoughts about children, and again experienced counterproductive effects with this strategy.

> Hmmm, like, I went in myself for a long time because of this thing I have. I just blocked people out […] That was my life. Staying in made it worse and it fed my interest because it was harder to avoid the computer [Jonathan: line 117 – 126].

> I would try and play games or do whatever I could think of to cope and distract myself and just avoid the thoughts. It didn't work and I had the conflict in my head [Jonathan: line 112 – 114].

For both these men, there was point at which they gave in and stopped avoiding. For Richard, he questioned his reasons for fighting on, believing that his sexual preference was a defining feature of him - "this is me". This suggests that Richard had viewed his sexual preference as an integral part of self. One may get the sense that Richard thought that continued resistance was pointless once this view had been established and ceased to act on his strategies. Jonathan on the other hand felt that there was no way of stopping his desires from overcoming him and so submitted. He entered into a prolonged phase of downloading child pornography which is likely indicative of the powerful influence of his sexual interest on his functioning.

> I controlled myself for that long to avoid it, when I eventually did offend I had given up fighting that other side of me. There was nothing I could do and I asked myself why should I fight it anymore, this is me… [Richard: line 131 – 135].

> I couldn't do anything about it. Errrm, I just gave up avoiding it and ended up downloading porn for three months straight at one point. I'd just given in and went along with that part of me [Jonathan: line 43 – 45].

Despite this, avoidance and restriction continued to be important components of Richard's and Jonathan's life. Avoidance was a central feature of the life they were leading and appeared to form a rather straightforward heuristic to live by. They experienced a continuous struggle which they interpreted as being a battle with self, and were continuing to resort to avoidance tactics to maintain a sense of control as they always had before.

> Well it's something I always do. It's my life […] For me an everyday occurrence is to sit down and watch a TV programme and know that I'm watching this because there is a programme somewhere else with children in that I am avoiding [Richard: line 469 – 473].

> I sit and listen to the radio all day. Everyone on my landing hates that and calls me antisocial, but it stops me from watching TV and feeding off stuff that I might see […] It's the only way I can keep that other side of me under control so that it doesn't take over [Jonathan: line 83 – 89].

2. I'm Always Going to have these Thoughts

This theme captures how all five participants appeared to believe they were saddled with their sexual preference for the rest of their lives; that they had always experienced sexual desires for children and that there was no reason to foresee that this would change. This theme consists of five superordinate themes; 'I Will Always Have These Thoughts'; 'Enduring Sexual Interest'; 'It Will Always Be That Way'; 'Longevity and Without Choice' and 'Paedosexual'. The five themes share the common thread of all participants describing either an early awareness of their sexual preference for children or feeling that it was something that had always been with them.

> It's hard to compare because I've never not had it. My whole life I've had sexual interests in children [Richard: line 6 – 7].

> It's all I've known you know, I've never had that... err, an adult relationship or felt close to grown up people sexually. It has always been younger people, young boys [Christopher: line 5 – 7].

> When I was younger I just thought the interest was normal because I was young, err... but when I got older I noticed that it wasn't going away […] So it's always been that way for me [Jonathan: line 5 – 9].

> My sexual interest was from an early age really. One girl Hayley who I was with, I was only young, about 16 […] later on in the relationship after I had been with her for a year I recognised that I was thinking about much younger girls and I was fantasying about them a lot [Stephan: line 8 – 13].

> I was probably in my mid to late teens before I actually became aware of my sexual interest in children [Vincent: line 5 – 6].

These men did not perceive that their sexual preference would change and believed their sexual thoughts about children would continue to impact on them. The subordinate theme 'Longevity and without Choice' originated from Stephan and captures his sense making in relation to this belief. One of the more illustrative examples of this theme is the way Stephan draws upon the narrative of disability and enduring burden to provide a compelling description of the restrictive impact that his sexual preference has on his life. Consider the speech in the extracts below and the insight into his sense making it gives. Stephan is physically healthy, perceiving himself to be a fit human being. However, his sexual preference is perceived as a cumbersome and disabling load—a cross to bear, restraining his mobility in life and his options similar to the way physical disabilities do. Also, similar to some disabilities, Stephan experiences his sexual preference as a permanent part of him which he had no decision over thus denying it from the realm of personal choice. Whilst he can choose to desist from engaging in sexual contact with children, the lived experience is such that he feels he cannot choose to stop being attracted to them.

> …I have full health, I don't drink, I don't smoke and I do fitness, I mean...errrm, on the side of being human, I'm not a bad specimen. So I guess this is my cross to bear. Some people have a disability and I do think of it as a disability, it is disabling. It disables everything I do, every single day […] and it will disable everything I do in the future… [Stephan: line 299 – 304].

> If I had decided I liked children, then I could deal with that much better because I could then choose not to like them and one day say that's it, enough. But that's not the case, I'm always going to be attracted to children until the day I die I suppose… [Stephan: line 329 – 332].

The next three superordinate themes 'I Will Always Have These Thoughts'; 'Enduring Sexual Interest' and 'It Will Always Be That Way' originate from Richard, Christopher and Jonathan and capture their beliefs about the permanence of their sexual preference. Richard appeared to make the point frequently that underlying change was unlikely and that he would continue to experience sexual thoughts about children.

> Normal society doesn't have the same thought processes that I have […] It's the way things have always been and always will be [Richard: line 146 – 149].

> I understand society's point of view and I agree with it but at the same time that's the way I think and you can't really change things, well you can change them to a point and learnt to control it, but I'm always going to have these thoughts [Richard: line 76 – 80].

> My thoughts will be with me for life [Richard: line 522].

Christopher described an expectation of the future characterised by uncertainty and difficulty noting how his sexual interest in children will not simply stop, thereby suggesting an enduring quality. Consider the two extracts below and the story they describe. Christopher outlines the reality he faces—the trade-off between freedom to live in society and the expression of his sexual preference for children. Freedom is important and his offending must therefore come to an end. However, he is unsure about how this will happen. Christopher feels he cannot simply instruct himself to no longer be attracted to children. If this were the case, his task of ensuring himself freedom with a degree of confidence would be a simpler and his sexual preference for children would be less problematic. His life, as he interprets it, will in fact be uncertain and he instead must try to make do with adult sexual interactions which are unchartered and inherently less appealing to him.

> It has to stop now, my interest in boys can't stop, but me acting on it does, otherwise I'll never have a free life like. But I don't know how, it's harder than it sounds, it's not as easy as saying stop… [Christopher: line 252 – 259].

> It's going to be hard, I'll tell you, because I will have to have something that I'm not as interested in. It will be hard dealing with it, but that will be my life. My interest in boys won't just go away like that you see [Christopher: line 280 – 283].

Christopher and Jonathan were both sure that they would continue to experience temptation in the future owing to the durability of their sexual preference for children and that this would lead to a need for continuous monitoring.

> …I'm always tempted and so I'll always have to cope with that [Christopher: line 305 – 306].

> … I'll always be tempted to download, that's always going to be the case. My sexual thoughts won't change, so that won't. [Jonathan: line 185 - 186].

> I have to think of the consequences all the time to cope [Christopher: line 169].

> The sexual interest will always be there… [Christopher: line 92].

The superordinate theme 'Paedosexual' originated from Vincent and also captures the common thread of anticipating the permanence of one's sexual preference. However, this theme subtly differs from the others and goes beyond the expectation that sexual preference will endure by indicating the reason why based on an underlying sexuality. Vincent distinguished his sexuality as being separate from the homosexual-heterosexual continuum, noting his sexual attraction to a specific age group. Thus, Vincent defined his sexuality according to an age continuum rather than a gender continuum.

> I consider myself to have a different sexuality, I'm not homosexual or heterosexual, I'm paedosexual and society will never accept that because it is unacceptable and, well, I accept that it's unacceptable. But that is what I consider myself to be… [Vincent: line 322 – 326].

For Vincent, 'Paedosexuality' was the concept he used to interpret his sexual orientation and it created a sense of frustration, the essence of which is described neatly in the extract below. He is attracted to the beauty of children which for him extends beyond sexual attraction per se, and he sees no other legitimate way to achieve fulfilment. Vincent seemed to believe that his life would continue to play out with a lack of options thus creating restriction and frustration. This indicates that Vincent interpreted his sexuality as a rather fixed phenomenon.

> I have walked the street and I've seen attractive young girls but I know there is nothing I can do about it. That's the way it will always be. Even before I was arrested and before I did the course I knew that. I can always see pretty young girls and appreciate their beauty, not just sexually but appreciate how beautiful they are. I suppose I get frustrated. I know that there is nothing I can do about the way I feel, and it will always be that way [Vincent: line 417 – 423].

The final part of the Paedosexual theme concerns Vincent's effort to achieve sexual expression without offending; namely through writing fantasy. Vincent considered this to be a practicable outlet that alleviated frustration and provided a feasible way of dealing with himself and his sexuality.

> I found that by writing fantasy stories, well they were a way for me to express my feelings and to get out my sexual frustrations […] And so, well, err, for me, hmmm, that was a way of dealing with what I am and what I like. [Vincent: line 447 – 457].

The use of the phrase "a pressure valve and a release" in the first extract below is indicative of the function of sexual fantasy as a way to attend to sexual fulfilment. Vincent's self-interest was to reduce the accumulation of frustration caused by his inability to express his sexual interest. The professional view is that deviant fantasising reinforces offence-related sexual interests and one's propensity to offend (Laws & Marshall, 1990) and as Vincent outlined is rarely supported. This created a dilemma for Vincent as outlined in the final extract—he is certain that his sexual preference is fixed but he is required to manage it in a way that removes opportunity of sexual expression. Vincent's dilemma exemplifies a key challenge that faces the systems that manage paedophilic offenders. Approaches to risk management should add to an individual's repertoire of functioning rather than simply remove a problem through devoted restrictive control, as if a lifetime of constraint is the only way to reduce reoffending (Laws & Ward, 2010). The challenge is to apply this principle to offenders such as Vincent who consider their sexual preference for children to be predominant, stable and life-long.

> …my Offender Manager knew about this and we had quite a few discussions about it and he was of the mind that it would escalate, errr... you know, it would start off this way and then go on and on and on, and I disagreed and I saw it as more of a pressure valve and a release [Vincent: line 456 – 460].

> Like I said before, errrm, I have a sexual attraction to a certain age group, I can't do anything, and I'll have to use this crude phrase, but I can't get off any other way. Maybe I could but my Offender Manager didn't like me writing the fantasy stories, I could use them to get off on if you like, if I was allowed to do that, errrm, I could use that method but I'm not allowed, and so I'm stuck without options [Vincent: line 522 – 528].

All five participants in one way or another described a sense of permanence about their sexual preference. For these individuals, their sexual interests and thoughts about children were not phenomena that were expected to alter or reduce. Indeed, their sexual preference for children was regarded as integral to them, established in their early developmental history and expected to continue impacting on them as they lived out their lives.

3. There's No Help Out There

This recurrent theme consists of four superordinate themes: 'Lack of Support', 'Support After Release', 'No Genuine Help' and 'Labelled'. The themes developed from discussion about what

problems participants expected to experience in the future. They capture how three participants felt that support outside of prison would be insufficient or absent, however subtly differ in their focus. The 'Lack of Support' subtheme originated from Richard and concerns his belief that there would be a shortage of professional support involved in his reintegration back into the community. Richard felt that had been abandoned—"brushed under the carpet", as if he had become an irrelevant number within a treatment system which moves carelessly onto the next case without enough aftercare for those who have engaged. He felt inadequately supported, and compared to others with pathological disorders that receive support, he felt neglected. Richard considered that the paucity of aftercare was an iatrogenic factor since it contributes to the re-emergence of maladaptive coping strategies that increase risk.

> The way I see it is that now I have finished with SOTP, unless I get other courses to do, it's just going to be brushed under the carpet and I'll be expected to cope with it and get on with life. That just puts me back into two years before I offended [Richard: line 519 – 522].

> …you do seem to be pretty much left on your own trying to find the support that drug addicts and alcoholics have readily available. They all have a network, but sex offenders don't which just leads to more secretiveness, hiding away from it all and more offending. [Richard: line 347 – 351].

Richard required what many others with psychological difficulties and problematic behaviours have readily available—a professional community-based group where he can receive specialist clinical support and maintain his engagement with treatment on a voluntary basis.

> If only there was a room where I can go to with similar people like me, it might be like a refreshing of the SOTP every few months because you build yourself up, get the help you need and then suddenly you're on your own… [Richard: line 351 – 354].

The perception that one will not be supported was also expressed by Jonathan and is captured in the 'Support After Release' subtheme. Jonathan expressed that there were no plans for him to complete further intervention upon his release from prison. This had left him frightened with the sense that he was going to be left alone without help and suggests that Jonathan may perceive himself as depending on intervention in the future.

> I'm petrified of being released without help […] It's when I get out because as far as I know there are no plans for any other groups outside, so apart from my Probation Officer, I'll be left to get on with it [Jonathan: line 75 – 79].

Similarly to Richard, Jonathan perceived that there was a lack of continuity in support between custodial and community services, with options and input not being translated across settings. Jonathan's concern was about the continuing need for long-term support in the future, after his restrictions have ended and he is left unsupervised with the task of managing the temptation to access child pornography. This indicates that Jonathan perceives his sexual preference as a continuous phenomenon, and as something for which he may always need external sources of input and help to manage effectively.

> I'm on a long term licence so at first I'll have restrictions and it'll be easier. Ten years down the line it will be different […] There's no support for someone like me out there, not like in prison. I think that's when it might become a problem. I'm a techno-geek you see, so as soon as I'm aloud, the first thing I would do is build a computer and that could lead to problems again, especially if I'm left on my own which I will be I guess [Jonathan: line 175 – 182].

The final two superordinate themes relate to Vincent and seemed to come together within the context of this recurrent theme to demonstrate a tightly enmeshed relationship between self as perceived by others and the anticipation of future support. Vincent's concern was being misled about the boundaries of the support and this is captured in the theme 'No Genuine Help'. Thus, Vincent's unease was not necessarily caused by beliefs that community support was unavailable per se, but that the community support interventions were not genuine environments where it was safe to be honest about one's sexual feelings toward children.

> These groups on the out, they're not places you go and say what you really feel [Vincent: line 434 – 435].

However, Vincent also experienced a strong sense of being unjustly categorised by the "system" ('Labelled'). This seemed to offer a sense making narrative for Vincent, providing a reason for why actual genuine support was in fact absent.

> I always felt that I was being labelled badly by the system, because when you do SOTP, they always look at you as if err... you could commit any offence […] So it makes you distrustful of the system [Vincent: line 380 – 384].

The subtheme 'Labelled' contains material related to Vincent's perception of being tainted and misrepresented by the system, and as being wrongly judged as a danger and a predator. In the extract below, one gets a feeling of blame and resentment toward treatment providers—those who are meant to help and understand. Use of the noun "you" and "you're" (instead of "I") to describe how he was labelled as a threat and a predator is important and helps to understand his perception of what occurred. It carries an accusatory undertone leading one to infer that Vincent perceives he was condemned and criticised by treatment providers.

> I was now getting out of prison and I believed that I had this rammed down my throat so much that I could never do it again. It was like this is what you are, you're a threat, you're a predator and you're a danger to society [Vincent: line 315 – 318].

The 'No Genuine Help' subtheme is conversant with this perception and encapsulates Vincent's belief that true helpful disclosure will not be possible due to the preconceived notions that the system holds about his risk inhibiting the scope for any exploration about his deviant interests. For Vincent, support groups in the community are contaminated by the tendency of the system to unwarrantedly exaggerate and over-generalise risk and danger, and he fears that he could be unfairly returned to custody for the mere act of disclosing his sexual thoughts rather than for engaging in further offending behaviour.

> They talk about these support groups and people you can go to when you're... err, when you're released, but if I went to my Probation Officer on licence and said I saw this girl walking and I started having these thoughts, you'd be back in prison so quick it'd be untrue. Your feet wouldn't touch the ground. So, you know, they talk about support groups on the outside but they're non-existent. You couldn't go to them and talk honestly because […] you could be back inside for what you say, so there's nobody you can talk to [Vincent: line 425 – 433].

Together the themes suggest that Vincent views the treatment and risk management system as unjust, and is perhaps a good example of the infrequently considered idea that engagement with treatment can have disadvantageous or ineffectual outcomes for offenders despite the best intention of treatment providers (e.g. Seto et al. 2008; Seto, 2008). Vincent clearly felt unjustly labelled. In the context of his future, this belief leaves Vincent with the assumption that there is no genuine system of support that values the offender and is thereby likely to lead to a reduced chance of him accessing and trusting support interventions when they are potentially needed.

4. My Interest in Children is More Than Just Sexual

This theme consists of two superordinate themes: 'My Interest in Children Isn't Purely Sexual' and 'I feel Connected to Them'. The material relates to Richard and Christopher and the way they interpreted their sexual preference to extend beyond a pure sexual attraction to encompass an intensely felt emotional identification with children. Richard hugely enjoyed looking after children, attending to their needs, facilitating their happiness and being someone that they could depend on. It this emotional investment in children as well as the sexual attraction that Richard perceived as encompassing his sexual preference as a whole.

> My interest in children isn't purely sexual, it's more than that. It's about looking after the child, being there for them, the smile on a child's face, there's nothing better. To be near a child makes me happy, and I've relied on that. So the sexual bit is important but it's one part of a wider thing [Richard: line 268 – 272].

For Richard, a child's happiness was prioritised whenever they were in his company leading to a sense that they were continually content. This seemed to be something Richard could experience conviction with and conceive of it as a mark of his dedication to children. Fundamentally, this indicated that children intensely mattered to Richard and were not simply objects of his sexual desire but occupied a much more valuable and important status in his life.

> There isn't a child that never had fun with me and that's because I always put them first. No matter what I was doing, if they needed something, errrm, I would do it for them because their needs and happiness were my first priority [Richard: line 280 – 283].

Christopher repeatedly expressed feeling intimately connected and wanted by children and this is captured in the superordinate theme 'I Feel Connected to Them'. For Christopher, this deep-felt connection had developed alongside a long-standing emotional distancing from adults and children had been the primary emotional and social focus in his life. Christopher felt child-like himself and had made a lifestyle habit of visiting social environments where he would be more likely to meet and make friends with children. For Christopher, his sexual preference was not solely concerned with his sexual attraction but with achieving intimacy with children in close reciprocal friendships and relationships

> Well I've never had an adult relationship. I've always looked for relationships with boys. Even friendships […] I've always found friendships with boys very enjoyable. I've felt connected to them [Christopher: line 134 – 137].

> …I used to go to the parks all the time. Even just to the shop, anywhere to find young boys to knock about with. So it wasn't just getting sexual interaction, I hung around with them, and they were friends and I even felt like a young lad and that's all part of the interest [Christopher: line 215 – 218].

The theme therefore captures how some individual's make sense of their sexual preference for children as extending beyond the meaning of sexual interest per se to encompass a perceived fit between the emotional features of the child and the individual's intimacy needs. An emotional identification with children has been documented before (Wilson, 1999). However, it has been conceptualised as an exclusively non-sexual offence-supportive phenomenon (Finklehor 1984; Thornton, 2002). Although this theme was specific to Richard and Christopher, they interpreted their sexual preference as including emotionally intimate qualities rather than it being an entirely sexual phenomenon. This may suggest that some offenders construe their sexual preference as actually encompassing emotional and intimate qualities, rather than these being non-sexual and altogether separate processes.

GENERAL DISCUSSION

Using an interpretative phenomenological method, this study has explored the lived experience of a sexual preference for children by sensitively interviewing a group of purposively-selected and carefully-situated sexual offenders. The qualitative data was rich and informative providing insight into experiential phenomena which may help our understanding of sexual offenders with a sexual preference for children. An ideographic sensibility has also been central to the analysis and with this an attempt has been made to provide nuanced explorations of particular instances of lived experience and highlight detailed variations in the sense making which has appeared.

Something that appeared common to all participants was the sense that they would be burdened with their sexual preference for the rest of their lives; that it was intrinsic and stable and thereby unlikely to change. This finding is consistent with those of Wilson and Cox (1983). The extent to which sexual preference is in fact changeable remains debated. Some have noted the fluidity

of sexuality and sexual preference (Whitehead & Whitehead, 2012). However, the scientific literature, which has historically addressed issues on homosexuality, consists of only anecdotal reports of individuals who, having engaged in therapy, have claimed that attempts to change were detrimental to them or who have claimed to have changed and then later retracted those claims (Duberman, 1991; White, 1994, Isay, 1996). There are no scientifically rigorous trials to determine the efficacy of conversion therapies (American Psychiatric Association, 2000) and the validity and ethics of attempts to do so with those who possess non-paraphilic preferences are heavily challenged (Drescher, 1997; Shido & Schroeder, 2000; Herek, 2003). Berlin (2002) suggests that a sexual preference for children is likely to be no more amenable to change than a homosexual and heterosexual preference for adults. The literature on paedophilia is sparse and suffers from a lack of scientific evidence that can support or discount this claim either way (see Seto, 2008 for a review). What is clear from the findings in this study however is that five sexual offenders who identified with such a sexual preference believed that it was enduring and non-changeable. This belief may create an expectancy of stability regardless of the extent to which the underlying phenomenon is actually stable or not.

If a sexual preference for children can be modified (Marshall, 2008) then it is the explicit belief of these offenders that their sexual preference is permanent that may need to be addressed due to the way such a belief will likely perpetuate the situation to the detriment of offenders and victims alike. For offenders such as Christopher who felt uncertain about his capacity to form sexual relationships with adults, or Stephan who perceived his sexual preference for children to be an permanent disability, and Vincent who regarded children as the only stimuli he could become aroused to, clinicians may need to think intuitively about addressing the fact that these beliefs may obstruct progress toward healthier sexual interests.

If however a sexual preference for children does, for some offenders, constitute an underlying stable sexuality, a sequence of exploratory efforts is required to determine what could represent desirable treatment goals for such offenders. It is possible perhaps that the more manifested the preference for children is, the more adapted the treatment goal may need to be and the less likely that it could be achieved through time-bound therapy. After reviewing the clinical literature for paedophiles, Camilleri and Quinsey (2008) described the treatment outcome as "dismal" (p. 203). According to these researchers, current treatment methods are flawed: behavioural therapy is ineffective because sexual preferences for children are not solely developed or maintained by conditioning; cognitive therapies are unsuccessful because sexual preference is not a cognitive

process, relapse prevention does not take account of aetiology and medical interventions simply reduce arousal levels whilst leaving the underlying paedophilic interest unaffected. According to Camilleri and Quinsey (2008), poor treatment outcome originates from the "failure to develop a method that can durably alter the central criminogenic need factor in paedophilia — sexual preference for children" (p.203). The extent to which such a method capable of altering sexual preference could be developed remains controversial. Treatment should enhance an offender's wellbeing rather than simply reduce criminogenic need factors (Ward & Gannon, 2006; Ward et al. 2007). As stated above, the difficult task is to apply this principle to the treatment of sexual preference when this is so central to offending and is potentially relatively enduring.

Richard and Christopher experienced their sexual preference as more than a sexual interest. It comprised of emotionally intimate feelings toward children and companionship. Some theorists have suggested that offenders turn to children for intimacy and emotional comfort because their life history has not equipped them with the skills and capacities necessary to meet their intimacy needs with adults (Marshall et al. 2006; Marshall & Marshall, 1999). Universal psychological needs drive all humans towards intimate interactions (Harvey & Weber, 2002). Therefore, an offender's need for intimacy falls within normative parameters whilst the manner in which they choose to fulfil the need becomes 'deviant' by virtue of selecting children. If sexual preference is more stable than dynamic, efforts to develop intimacy with adults may be less straightforward for offenders like Richard and Christopher who interpret their sexual preference as comprising of emotionally intimate qualities rather than just a sexual interest. For these offenders, it may be that intimacy is experienced as an enmeshed part of something that is considered permanent and underlying. Effort to encourage healthy change with such offenders is more likely to succeed if an increased ability to meet intimacy needs with adults is experienced as influencing emotional connections with children.

Another aspect of the results was that the narrative of a 'battle' was central to how Richard and Jonathan made sense of living with their sexual preference. This may indicate that they derived meaning about their sexual preference through the dominant cultural discourse that is intolerant toward paedophilia (Jenkins, 1998; Rosenmerkel, 2001). As Richard put it: "I understand their point of view totally. It's not that I'm against their point of view, I'm stood on that side of the fence too, I understand the intolerableness of it…" The acceptance of the dominant discourse is most likely to lead to motivations that oppose one's sexual thoughts about children as well as appraisals of self based on feelings of 'wrongness'. The experience of a battle also demonstrates

how these motivations and appraisals may lead to a dependency on strategies of restriction and avoidance as a tactic for denying self of something that is felt to be wrong but is much desired. The counterproductive effects of avoidance are well documented (Mann, 2000; Mann, Webster, Schofield & Marshall, 2004) and both Richard and Jonathan were far from ever having sustained a life of avoidance coping. However, avoidance seemed to be a central feature of the life they were both leading and were intent on leading. They did not believe that their sexual preference for children was about to change, and therefore child based stimuli and opportunities to access children were seemingly far too enticing. As such, although not always effective, avoidance of child stimuli had formed a rather simple heuristic to live by.

The most concerning finding was that three of the participants expressed concerns about the lack of current and anticipated support from professional services. Seto (2008) has noted how paedophiles are amongst the most despised individuals in society and that this leads to expected perceptions that compassionate support is non-existent. The fact that some participants reported experiencing poor aftercare and expected an absence of support during their reintegration back into the community and beyond is concerning. Several initiatives in the UK such as Stop it Now, the Lucy Faithful Foundation and Circles of Support and Accountability are in truth devoted to helping individuals disturbed by their sexual intentions toward children. Thus, one part of this problem may have to do with a lack of signposting to services. It is undesirable to expect society to find resources to provide interminable therapy for every offender with a sexual preference for children if we also expected them to live as self-regulating individuals. However, if we are to value the notion that such a sexual preference could be an enduring phenomenon, then it may be that the development of more services is needed to help paedophiles at various stages in their lives (Seto, 2008). For those who believe and experience their sexual preference as enduring and are perturbed by its impact on them, a related belief is likely to be that long-term support systems will be needed to help them manage risk. This was expressed by both Jonathan and Richard. On the other hand, Vincent was sceptical about the 'system' itself, believing it to be non-genuine and unjust. If professional support systems are not optimally available or sufficient or if they are believed to be absent or misleading, it is likely that many positive treatment outcomes will be compromised. Further research into paedophile's perceptions of the support available to them is an important direction of study. Use of a larger sample would enable more accurate assessment of the severity of the issue, what may determine differences in the perceptions of support and how best to proceed.

Finally, it is worth noting that paedophilia is one of the most despised phenomena in society. A condition like paedophilia is more stigmatised to the extent that it is perceived as changeable and controllable, such that individuals are able to make a choice about what they find to be sexually attractive. It is possible that for some, a sexual preference for children may not be changeable and it is highly likely to be a multifaceted and lengthy psychological process if it is. None of the participants in this study felt that they would ever be without sexual thoughts about children and this was central to their sense making. Social stigmatisation is unlikely to contribute toward keeping children safe and if society is truly concerned about preventing child abuse then sexual offenders with a sexual preference for children require continued attention in all clinical and political domains.

Reflexive Considerations

There are five aspects of this study that may require reflexive consideration. Firstly, there is the potential for the author to interpret the data with the influence of pre-existing frameworks of reference (Willig, 2001). In an attempt to address this, verbatim extracts are provided to invite readers to judge the credibility of the analysis for themselves. In addition, the reflexive diary can be recognised as a reflexive engagement since it sensitised the author to his preconceptions and allowed for the conscious monitoring of their influence (see Finlay, 2008; Finlay & Gough, 2003). The author's subjective position and preconceptions have also been provided in appendix 15 so that readers are able to tune into his positionality as he entered into the research. One of his preconceptions was that the 'problems' that had been expressed by paedophilic offenders he had worked with were common to others. This belief may have influenced the results. For example, the author became reflexively aware of a vested interest in searching for expressions of problems in a way that was consistent with his expectations of the data. He also noted how he construed particular participants using the memories of offenders he had worked with thereby associating them with the characteristics of others. His role as a therapist also led him to view participant's experiences using a 'clinical attitude' which encouraged clinical opinion. Whilst it is inevitable that the results reflect the preconceptions of the author (Langdridge, 2007), the reflexive diary encouraged a critical evaluation of such preconceptions and their influence as so to avoid closing down new avenues of meaning. Excerpts of the diary can be found in appendix 16.

The second reflexive consideration concerns the way the study was embedded in the dominant cultural discourse that conceives of paedophilia as a pathological and problematic phenomenon.

Like most scientific research into paedophilia, the study was bounded by the cultural discourse, working within rather than beyond it. Hence, the agenda for the study was culturally-laden and invested in producing data and conclusions consistent with the problem solving endeavours of the scientific community. Researchers that attempt to penetrate the boundaries of the dominant cultural discourse and work beyond the presupposed assumptions may produce different results and suggest radical implications (e.g. Constantine, 1979; Green, 2002; Naudè, 2005).

The third reflexive consideration is the way the validity of the results may have been affected by the fact that the participants had engaged in treatment. Participants may have experienced some altered beliefs about their sexual preference as a result of completing treatment thereby leading to accounts that were moulded around treatment agendas. The sense making narrative of a battle expressed by Richard and Jonathan for instance may have been an artefact of them internalising treatment concepts that draw on the idea of competing parts of self such as the Old Me/New Me Model (Haaven, Little & Petre-Miller, 1990). As treatment completers the participants were also likely intent on refraining from offending and were possibly more likely to construe their sexual preference for children as a negative phenomenon, as opposed to, for example, many of the non-incarcerated self-identified paedophiles interviewed by Wilson and Cox (1983). Therefore, by selecting treatment completers, the study may have been restricted to producing specific results. It is also possible that the context of interviewing treatment completers produced unintentional environmental demands, for instance by placing them in a situation in which they inferred subtle pressures to create impressions of positive change consequent of treatment. However, the fact that the participants considered their sexual preference to be an enduring phenomenon, similar to Wilson and Cox's participants who were under no pressure to say anything different, and the fact that they tended to expect future difficulties, provides an indication that this environmental demand was not so overbearing as to invalidate the results. It may be useful to recruit untreated offenders with sexual preferences for children, or if practicable, non-incarcerated self-identified paedophiles to overcome these effects and substantiate the findings.

The fourth reflexive consideration is the role of language in data conveyance. IPA relies on the representational validity of language, however it may be argued that language constructs rather than describes reality (Willig, 2001; Potter, 2005). Indeed, whilst IPA is concerned with lived experience, it is inevitably enmeshed with and enabled by language. In short, the language used in the interviews may have been interpreted in such a way as to deviate from the actual meaning

intended in the discourse. One possible improvement in this respect would have been further triangulation, particularly through carrying out a respondent validation (Langdridge, 2007).

The fifth and final consideration is sample size. It could be argued for instance that the sample was too small thereby hindering the transferability of the results. However, IPA is committed to detailed appraisals of small samples with the aim of producing nuanced analyses of personal experience (Smith & Osborne, 2008). An ideographic sensibility was emphasised in this study, facilitated by a small purposive and homogeneous sample which is consistent in size with those used in other IPA research (see Brocki & Wearden, 2006) and that is within the parameters of what is suggested by leaders in the field (e.g. Smith et al., 2009). Nevertheless, future research may benefit from using larger samples providing ideographic commitments can be maintained. Given the heterogeneity of sexual offenders and the complexities of paedophilia, dedication to painstaking and meticulous case analyses should play a key role in future research.

Chapter 5

A Critical Evaluation of the Sex with Children Scale: Theoretical Basis, Interpretation, Reliability and Validity

INTRODUCTION

Since the concept of cognitive distortions entered into aetiological models of sexual offending and protocols for therapeutic practice (Finkelhor, 1984; Slater, 1988), treatment for mainstream child molesters (Friendship, Mann & Beech, 2003) as well as those with intellectual disabilities (Hill & Hordell, 1999; Williams & Mann, 2010) have anchored their approach in an inspection of offence-related cognitive phenomena. Only in the last decade however have clinicians been provided with a causal hypothesis about how the cognitive processes involved in the abuse of children might develop. In brief, Ward and Keenan (1999) and Ward (2000) proposed that cognitive distortions, rather than originating out of unrelated and independent beliefs, emerge from underlying implicit theories which arise developmentally, rather like schema. Whilst the implicit theory hypothesis has been widely accepted, a recent review by Gannon, Keown and Rose (2009) suggests that psychometric measures of child abuse supportive beliefs possess a-theoretical items and fail to satisfactorily capture the implicit theories proposed. This review considers the Sex with Children (SWCH) scale (Marshall, 1995) as a measure of child abuse supportive beliefs. The SWCH scale was not included in the review by Gannon et al. (2009), although others have examined its psychometric properties and reported its ability to tap into implicit theories (Mann et al., 2007). The purpose of this review was to assess the SWCH scale and establish its standing as a measure of child abuse supportive beliefs compared to alternative measures in the field. The review also focused on its ability to tap into implicit theories.

The Sex with Children Scale: Theoretical Basis

The SWCH scale was developed as an unpublished tool for HM Prison Service in 1992 when the Sex Offender Treatment Programme (SOTP) (Mann & Thornton, 1998) was introduced. It comprises 18-items, none of which are reverse scored. Likert response anchors for the scale are as follows: 0 = strongly disagree, 1 = disagree, 2 = undecided, 3 = agree and 4 = strongly agree.

Obtainable scores range from 0 – 72. Higher scores indicate a higher level of concurrence with scale items and are suggestive of more strongly held child abuse supportive beliefs. Missing items are assigned a score of 2. According to HM Prison Service's SOTP Revised Psychometric Assessment Manual, more than two absent items renders the scale invalid (Rallings et al., 2007). The SWCH scale is used in HM Prison Service in England and Wales and comprises part of an assessment of criminogenic need for the different SOTP interventions. It presents with validity at face value and benefits from succinctness and simplicity. However, only in the last five years has its psychometric properties be published (see Mann et al. 2007).

A factor analysis of the SWCH scale revealed two explanatory factors accounting for 57% of the common variance in a sample of 1376 child molester respondents (Mann et al., 2007). These were: Factor 1: "Harmless Sex with Children" (11 items), and Factor 2: "Provocative Sexual Children" (7 items). Mann et al. (2007) have linked these factors to two of Ward and Keenan's (1999) five hypothesised implicit theories. The implicit theories are as follows: Children as Sex Objects ("children want sex"), Entitlement ("I deserve sex when I want it"), Dangerous World ("other adults will hurt me"), Uncontrollability ("my actions occur due to things I cannot control") and Nature of Harm ("sex is positive and so will not harm children"). According to Ward and Keenan (1999) implicit theories are used as a heuristic for interpreting the behaviour of others and may lead to distorted perceptions of the experience of victims. It is of value to appreciate that implicit theories, rather like scientific theories, seek to produce interpretations of evidence that are theory-laden and consistent rather than theory-neutral or contradictory. For instance a child molester who holds the implicit theory that children are sexually knowledgeable is likely to interpret a child's desire to sit on his knee as a sexual advance rather than a naïve act of friendliness. Due to the fact that implicit theories dictate what counts as evidence and to what extent, contradictory evidence is also unlikely to create the means for arriving at a different conclusion. Hence, sexual advances that are met by a child's resistance, such as struggling, may be more easily explained by the child molester as an indication of a concealed desire for sex or as an irrelevant piece of information.

Thus, Ward and Keenan (1999) have proposed a framework for understanding child molester cognition in the form of implicit theories and Mann et al. (2007) have associated the items that comprise the SWCH scale with an ability to tap into two of the implicit theories proposed. According to Mann et al. (2007), the Provocative Sexual Children factor resembles the Children as Sex Objects implicit theory and the Harmless Sex with Children factor is similar in content

to the Nature of Harm implicit theory. More recently, both of these implicit theories have been referred to as offence-specific theories which are thought to generate distorted cognitions about child victim experiences (Gannon et al. 2009). Thus, the SWCH scale can be claimed to identify child molesters who, by endorsing items, are more likely to generate distorted statements about their victims.

However, if one wanted to suggest that the SWCH scale's capacity to tap into the implicit theories was an indication of a consistent theoretical basis, then it is perhaps worth noting that other measures are more apt at doing this. In their review, Gannon et al. (2009) found that three measures, namely, the Hanson Sex Attitude Questionnaire (SAQ) (Hanson, Gizzarelli & Scott, 1994), the Able and Becker Cognition Scale (ABCS) (Abel, Gore, Holland, Camp, Becker & Rathner, 1989) and the MOLEST scale (Bumby, 1996) were able, albeit in rather unequal ways, to tap all five implicit theories. Moreover, Gannon et al. (2009) found that the Children as Sex Objects and the Nature of Harm implicit theories where the two most highly tapped implicit theories by all measures they investigated, including the Beckett Child and Sex Questionnaire (Beckett, 1987), the Cognitive Distortions and Immaturity (CDI) scale of the Multiphasic Sex Inventory (MSI) (Nicholas & Molinder, 1984) and the Offence Against Children Scale from the Questionnaire of Attitudes Consistent with Sexual Offending (QACSO) (Lindsay, Whitefield, Carson, Broxholme, & Steptoe, 2004). Hence, it appears rather commonplace of the SWCH scale to be able to access two implicit theories when such implicit theories are those which are the most frequently tapped by all other alternative measures, and when a proportion of such alternative measures can tap into all five implicit theories.

Discriminate Validity and Social Desirability Bias:

A problem facing measures of child abuse supportive beliefs is social desirability bias. There have been previous reports of the ABCS (Tierney & McCabe, 2001), the MOLEST scale (Blumenthal, Gudjonsson & Burns, 1999) and Hanson's SAQ (Gannon & Polaskek, 2006) to be able to discriminate between child molesters and other offender or non-offender groups. In all cases however, discriminate validity has been compromised by the fact that child molesters do not necessarily endorse offence-supportive items while non-child molester groups disagree with them; rather, it is typically that child molesters simply disagree less strongly (Langevin, 1991; Arkowitz & Vess, 2003; Gannon & Polaskek, 2006). On a Likert scale this commonly amounts to child molesters responding with "disagree" to a child abuse item, while non-child molesters

respond with "strongly disagree" (Langevin, 1991; Gannon & Polaskek, 2006). In fact, Gannon et al. (2009) consider discriminate validity to be impeded since, if one is to accept the implicit theories framework, then there seems to be a susceptibility of the child abuse supportive belief measures to a fake good responding bias. Thus, while a level of discrimination between child molesters and non-child molesters may be achieved, this is not synonymous with observing child abuse supportive beliefs in their pure form.

The relationship between the SWCH scale and socially desirable responding was assessed using the Balanced Inventory of Desirable Responding (BIDR: Paulhus, 1984) by Mann et al. (2007). Although finding a weak negative correlation with the self-deception enhancement subscale on the BIDR, the SWCH did not demonstrate susceptibility to conscious impression management. However, fake good responding can be identified if the mean score of a child molester group is low comparative to the maximum score of the measure. This is typically indicative of the fact that child molesters have disagreed with child abuse supportive items, but have done so in a weaker fashion than those in the non-molester group. Given that the maximum obtainable score on the SWCH scale is 72, for an absence of fake good responding, one may expect child molesters who hold the two implicit theories that Mann et al. (2007) claim the scale measures to score reasonably highly. However, the SWCH scale has yielded mean scores of 7.4 (sd. 8.0) (Mann et al., 2007) and 6.2 (sd. 9.2) (Rallings et al., 2007) for high risk child molester groups. Even for child molesters with actuarial risk estimates in the very high range, mean scores have not exceeded 8.5 (sd. 11.0) (Rallings et al., 2007).

The point being made here is not that the SWCH scale is unable to discriminate between child molesters and other groups. In fact, the property of the SWCH scale to discriminate between not only child molesters and other groups but also child molesters of different static risk categories is notable (see Mann et al., 2007). Rather, the point is that despite this property, it is probably no more impervious to a social desirability bias than other self-report measures in the field. An argument against this view may be that the low mean score of a child molester group could be produced because child molesters possess other implicit theories that the SWCH scale does not assess and may not hold the two that it apparently does. This has been considered for other measures when examining low mean scores (Gannon & Poleschek, 2006). However, the two implicit theories that the SWCH scale does tap into are the most manifested in child molesters and, so it seems, the most readily accessible through self-report measures (Gannon et al., 2009). Furthermore, child molester response patterns to the measures that are considered to tap into

all five implicit theories are also affected by social desirability bias (Gannon et al., 2009). Thus, the ability of the SWCH scale to discriminate child molesters from non-child molesters should not be confused with a capacity to detect individuals that frequently positively endorse child abuse items. Due to its likely susceptibility to social desirability bias, in many cases it may be more accurate to interpret the discriminate validity of the SWCH scale as an ability to distinguish those that disagree less from those that disagree more.

Concurrent Validity:

The concurrent validity of the SWCH scale was examined by Mann et al. (2007) using the CDI subscale of the MSI, the Beckett Child and Sex Questionnaire and the Sex Offence Attitudes Questionnaire (SOAQ). The Beckett Child and Sex Questionnaire and the SOAQ are internal unpublished measures used in the National Offender Management Service. They both possess acceptable psychometric properties (Beech et al., 1998; Rallings et al., 2007). Mann et al. (2007) reported the SWCH scale to possess concurrent validity based on significant correlations with both the Beckett Child and Sex Questionnaire and the CDI subscale of the MSI in a sample of over 450 child molesters.

While Mann et al. have made a start in establishing the concurrent validity of the SWCH scale, it is important to emphasise that concurrent validity is not a static matter. In fact, any kind of criterion validity is only as good as the criterion used (Gregory, 2010). Thus, clinicians should continue to seek improved criteria as part of their goal to reaching more robust validity claims. In this case the CDI subscale of the MSI is not exclusively focused on implicit theories like the SWCH scale, but rather a concept of cognitive distortions based on a lack of accountability and blaming of others (Nicholas & Molinder, 1984). Some authors have discussed how externalised blaming is more synonymous with a post-offence function designed to reduce guilt and shame rather than an offence-supportive belief (Mann & Maruna, 2006). Gannon et al. (2009) also found that the CDI subscale of the MSI was the least appropriate tool for measuring Ward and Keenan's implicit theories. In fact, 75% of the CDI items were rated as "unclassifiable". The Beckett Child and Sex Questionnaire on the other hand measures distorted beliefs about children and their sexuality. High scores depict children as sexually sophisticated, interested in having sex with adults and able to consent to as well as be unharmed by such sexual contact (Beech et al., 1998). Indeed, Gannon et al. (2009) found that it taps into the same two implicit theories which Mann et al. (2007) identified for the SWCH scale. However, no validation studies have been published for the Beckett Child and Sex Questionnaire. Hence, it is reasonable to

suggest that the validity status of the SWCH scale could be improved by demonstrating other concurrent validity with either more established or more conceptually similar measures.

Norms and Score Interpretation in HM Prison Service in England and Wales:

The identification of a normative group and the standardisation of a measure against such group are central to the use and meaningfulness of the data which it produces (Kline, 2000). Without establishing performance norms, a measure is no more helpful than an unstructured assessment absent of any scientific reference. Within HM Prison Service, the comparison group used for the interpretation of individual scores on all SOTP measures including the SWCH scale, is a group of 644 low risk untreated sexual offenders (see Rallings et al., 2007). Due to the fact that the SWCH scale attempts to measure a dynamic risk factor that is predicative of sexual recidivism, the ideal normative group could possibly be a group of non-offenders who do not exhibit child abuse supportive beliefs. Instead of using low risk sexual offenders, this would allow for a more accurate indication of the non-deviant norm exhibited by the general population. However, the difficulties in establishing a sufficiently large enough group of non-offending non-deviants has repeatedly been outlined (Beech et al., 1998; Rallings et al., 2007). According to Rallings et al. (2007), the use of untreated low risk offenders allows for a comparison of any particular child molester to the least deviant group available in the absence of non-offending non-deviants. This is based on the observation that sexual offenders with lower actuarial risk estimates tend to obtain less deviant psychometric profiles and can thus be grouped accordingly (Beech, 1998).

Rallings et al. (2007) provide a standardisation system for the SWCH scale using T-scores with a mean of 50 and a standard deviation of 10. Thus, a T-score of 50 corresponds to the mean of the low risk untreated sexual offender group. Rallings et al. (2007) suggest that a T-score of 55 or more corresponding to one half of a standard deviation above the mean shows a treatment need; that is, a deviant and problematic level of beliefs that support the abuse of children. Such an interpretation is based on area under the normal curve statistics where one half of a standard deviation above the mean represents a score that is higher, and therefore worse, than 69% of the normative group. However, one obvious caveat with the use of a normative group of low risk untreated sexual offenders and not non-offending non-deviants is that an average score (T-score = 50 – 54.9) is not representative of a non-deviant or non-problematic level of child abuse supportive beliefs. In fact, for this to be the case, one would be required to assume that the majority of the low risk untreated sexual offenders in the normative group did not possess child abuse supportive beliefs. Therefore, an average score can only ever indicate that an individual

possesses no higher degree of child abuse supportive beliefs than the average untreated low risk sexual offender. Similarly, even for those scoring below average (T-score < 50), it cannot be assumed they do not possess child abuse supportive beliefs, only that they present with less than the low risk untreated norm group. Indeed, unless an individual obtains a raw score of zero on the SWCH scale, clinical interpretation using this system must occur with caution to ensure the prevention of false-negative decisions.

Nature of Likert Responses:

As stated above, the SWCH scale uses a five-point Likert response set. Although popular, Likert scales are not without criticism. Indeed, puzzling questions regarding the conceptual degree of distance between Likert items and the nature through which these are assumed to be equal in all cases continue to arise. The use of a neutral item, in this case the "undecided" response option of the SWCH Likert scale is also a point for discussion. In Likert's (1932) formulation, the neutral option represented the midway point of the agreement-disagreement bipolar continuum. However, authors have postulated at the possibility of respondents erroneously using it when they do not understand the question; that is to say, when they do not have a response (Clark & Watson, 1995). This is quite different from the original intention of the neutral response option to capture the impartial attitude of a responder toward the topic of the question. Unfortunately, neutral response labels such as "undecided" used in the SWCH scale are regularly interpreted as value laden responses (Lam, Allen & Green, 2010). For instance, with the SWCH scale, if a respondee answers undecided to all 18 items, their scale score would total 36, which relative to the normative mean, is extremely deviant. It is difficult to overcome this problem. Use of a non-response option would provide respondees with a definitive opportunity to omit their reply in the case that they were genuinely unable to comprehend the question. However, this would reduce the clinical use of the SWCH scale since in attitude scaling a non-response is a response that does not contribute to the measurement of the target attitude.

Reliability:

Reliability refers to the attribute of internal consistency in a measure and the repeatability of the results which it produces (Gregory, 2010). However, reliability is not a straightforward all-or-nothing matter; it is more often a question of degree. According to Gregory (2010), reliability is best viewed as a continuum ranging from the absolute minimum consistency of a measurement to the observation of a near perfect replicated result. Of course, given the variability of human behaviour and the unavoidable and unsystematic characteristics of measurement error, perfect

repeatability is an unrealistic objective of any psychometric tool. A more achievable objective is to obtain results that are least influenced by random error factors. For the application of reliability as a measure of temporal stability, as is the case with test-retest reliability, Gregory, (2010) advises that only test-retest coefficients of 0.9 and above should be reserved for claims about the robust temporal stability of a measure; a view previously shared by others (Guilford & Fruchter, 1978; Salvia & Ysseldyke, 1988). The SWCH scale has achieved this standard. A test-retest coefficient of 0.93 was reported by Mann et al. (2007) using a replication sample of 481 sexual offenders with 72 days between assessment events. A test-retest coefficient of 0.94 was also reported by Rallings et al. (2007).

It is also important to note that other measures of child abuse supportive beliefs have not yielded such high test-retest coefficients, and that the SWCH scale is distinct in this respect. The CDI subscale of the MSI for instance has been reported to possess a test-retest coefficient of 0.71 over 90 days (Simpkins, Ward, Bowman & Rinck, 1989) and 0.85 over 15 days (Nicholas & Molinder, 1994). The ABCS was also reported to yield a moderate test-retest coefficient of 0.76 over a 21 day interval (Abel et al., 1989). Although recent studies have investigated the psychometric properties of the MOLEST scale, only Bumby (1996) has ever reported a test-retest coefficient which was 0.86. Another example is the Beckett Child and Sex Questionnaire. Beech et al. (1998) report this measure to possess a test-retest coefficient of 0.77. Indeed, only an adapted version of the ABCS for intellectually disabled child molesters (Kolton, Buer & Buer, 2001) has matched the SWCH scale for its temporal stability (Kolton, 1996). Therefore, the SWCH scale would appear to be high up in the ability of self-report measures in this area to yield consistent results across two distinct temporal intervals.

Further to this, Mann et al. (2007) have reported an alpha coefficient of 0.93 for the SWCH scale indicating a high degree of internal consistency. Again, this has been seldom matched by the alternative self-report measures. Neither the subscales of the ABCS nor those of Hanson's SAQ have attained such a high alpha (Abel et al., 1989; Hanson et al., 1994). The CDI subscale has also yielded a lower alpha (Nichols & Molinder, 1994). The Offence Against Children Scale from the QACSO and the Beckett Children and Sex questionnaire also possess lower alphas (see Lindsay, Whitefield & Carson, 2004; Beech et al., 1998). However, the MOLEST scale has achieved a higher alpha ($\alpha = 0.97$, Bumby, 1996). According to Klein (2000), alpha coefficients of more than 0.9 are indicative of excellent internal consistency. Therefore, the 18-items in the SWCH scale have apparent strong interrelatedness. However, the degree of interrelatedness is

more striking when consideration is given to the fact that alpha is a function of the number of items in a scale and that higher alphas are more easily achieved when larger quantities of items are pooled (Cortina, 1993). Given the fact that the SWCH scale is relatively small compared to the other measures mentioned and that the MOLEST scale is more than double its size, it is reasonable to conclude that error variance within the SWCH scale is comparatively small.

CONCLUSION

The SWCH scale was not included in the review of attitude measures by Gannon et al. (2009). However, a comparison of the distribution of implicit theory classifications across the measures which they examined with the outcome of the factor analysis performed by Mann et al. (2007) indicates that the SWCH scale is one of several instruments which tap into only a few implicit theories. This is unhelpful for researchers and treatment providers who aim to target implicit theories since it seems that the SWCH scale fails to measure a range of beliefs considered to be important in the investigation of child molester cognition. It is also argued that it is no less vulnerable to socially desirable responding than other related measures and that the discriminate validity reported by Mann et al. (2007) should therefore not be mistaken for a capacity of the SWCH scale to consistently identify offenders who openly and actively agree with child abuse supportive belief statements. As with the other measures, its capacity to discriminate between groups is likely better accepted as the capacity to tell apart those who disagree more from those who disagree less. However, for the moment and until test developers can find a way to prevail over fake good responding when measuring this type of offence-related belief system, such a capacity will have to suffice.

Despite its limitations, it seems clear that what the SWCH scale does measure, it does so in a reliable way. Furthermore, according to the factor analysis carried out by Mann et al. (2007), the SWCH scale does not possess any items which do not load onto the subscales which match two of Ward and Keenan's (1999) implicit theories. This indicates that the items are theoretically-based despite being created prior to the implicit theories model itself. In fact, the majority of other measures in the field possess several unclassified (a-theoretical) items (see Gannon et al., 2009). Nevertheless, given that the SWCH scale can only tap into two out of the five implicit theories, it would be useful for test developers interested in this measure to increase its items such that it is able to more broadly assess child abuse supportive beliefs. This would support it

to reflect the current conceptualisation of child abuse supportive beliefs on which a great deal of theory and treatment intervention is based.

The normative group used in HM Prison Service in England and Wales, due to it comprising of low-risk untreated sexual offenders, may pose a problem for ill-advised clinicians. Indeed, an average score using this group can only ever inform clinicians that the child molester endorses no greater level of child abuse supportive beliefs than the average low risk sexual offender who has not received treatment. This should not be taken to imply that a child molester is absent of a level of child abuse supportive beliefs which warrants intervention (Railling et al., 2007). Mann et al. (2007) have reported scores on the SWCH scale for a group of (n = 40) Prison Officers, and this group may be used to calculate clinically significant changes in individual scores (see Jacobson & Truax, 1991). However, it is compromised by its small size. A more representative non-offender non-deviant normative group would greatly assist the use of the SWCH scale and many other SOTP-related measures used in the National Offender Management Service.

In its current form, the SWCH scale provides a reliable appraisal of two consistently measured implicit theories; namely, that children can be provocative initiators of sex and that children are unharmed by sexual contact with adults. These implicit theories are likely supportive of sexual offending and therefore provide an indication of risk and treatment need based on dangerous beliefs. Having said this, clinicians must be aware of the limits of the interpretation system used in HM Prison Service in England and Wales, especially when interpreting individual scores.

Chapter 6

GENERAL DISCUSSION

This thesis has aimed to provide a broad and diverse investigation into the field of psychological treatment for child molesters. There is little doubt about the importance of this field of enquiry. Jurisdictions in many countries invest huge amounts of public health resources in psychological treatment for those who offend against children in the hope that future victims will be spared as a result. It is of course crucial to establish by the best scientific methods possible to what extent treatment for child molesters can contribute towards creating a safer society for children. This thesis has worked toward contributing to this continuing point of enquiry in diverse ways. It has evaluated the treatment outcome research for child molesters, provided a contextual example of a case with clinical change data, reported on the lived experience of a sample of specifically selected child molesters with a sexual preference for children who had completed treatment and provided a critical evaluation of a popular measure of child abuse supportive beliefs. The results of some of these investigations, or aspects of the results, have not been particularly positive or desirable. However, they are perhaps all the more important for this reason especially since they have implications for the direction of future research and practice.

Summary of Findings and Implications:

The findings from Chapter 2 are the least desirable of the thesis overall. On the basis of Chapter 2, the evidence is too sparse, conflicting and weak to establish legitimate conclusions about the effectiveness of psychological treatment for reducing recidivism among child molesters. Biases and their capacity to inflate or reduce the chance of finding treatment effects showed no obvious pattern either, although two of the three studies that reported positive results were deemed to have included bias that increased the chances of finding a treatment effect. The cohort studies that were used to assess treatment effectiveness were methodologically weak and led to limited confidence in the results reported. Bias in a cohort study is inevitable due to the lack of control over the incidental assignment of the groups. However, the design can be strictly controlled to increase internal validity and yield reasonably dependable results (CODC, 2007b; Marshall &

Marshall, 2007; 2008; Hanson et al., 2009). Yet, it would seem that many treatment evaluators have struggled to execute the control measures which increase internal validity and confidence in cohort studies. In reiterating the recommendations made for treatment evaluation projects, improvements to cohort studies can be made by using intention-to-treat analysis, using sizable samples to achieve statistical power (i.e. sufficiency in numbers to detect genuine variations in recidivism between groups), using sufficient and equal follow up periods, using various sources to detect recidivism, matching groups using actuarial measures of risk as well as individual risk variables, using statistical control analyses and obtaining the closest comparison group possible in terms of composition, time period and geographic location.

In Chapter 2 an argument is made in favour of implementing RCTs. Whilst recognising that randomisation is deemed by some (e.g. Marshall & Anderson, 2000; Marshall, 2006; Marshall & Marshall, 2007; 2008) to be unethical and politically unacceptable (both arguments of which are based on the faulty premise that the experimental treatment is a proven superior to the control - this being the point of the trial to begin with) without such a procedure, the field will fail to sufficiently progress. The arguments against the implementation of RCTs can be addressed by methodological design. According to Marshall (2006) and Marshall and Marshall (2007), the rigid adherence to treatment manuals in RCTs, which is required to maximise internal validity, compromises the generalisability of results to actual clinical practice since responsivity factors are ignored. However, this criticism appears to confuse the issue of scientific design with the issue of treatment protocol flexibility. RCTs can be employed to evaluate structured or flexible treatments (Seto et al., 2008). For example, researchers using RCTs have found that delivering multisystemic therapy (MST) developed for the treatment of juvenile delinquency can lead to lower recidivism rates when compared to treatment as usual (see Borduin, Henggeler, Blaske & Stein, 1990; Borduin & Schaeffer, 2001). The length and content of MST is flexible and may be adapted to meet the needs of young people and families (Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 1998). Indeed, treatment protocols and manualisation are important to increase programme fidelity. However, neither manualisation nor RCTs necessitate every offender to be treated identically and certainly do not require responsivity to be compromised.

If improvements are not made to the scientific designs that are employed to evaluate treatment outcome, then there stands to be a continuing lack of clarity regarding the effect treatment has on reducing recidivism in child molesters. Expending public resources on treatment endeavours with unconfirmed efficacy is of course a dubious situation to prolong. As discussed, the major

political argument inhibiting RCTs is the apparent unethical act of withholding treatment from sexual offenders. As others have noted (e.g. Seto, 2008; Seto et al., 2008) this argument assumes treatment efficacy is confirmed and fails to recognise the uncertainty of the situation; that is, the potential net zero or even detrimental effects some treatment may have on offenders. As Seto (2008) points out, the medical field struggles less with randomly withholding potentially life-saving drug therapies from children in order to determine their efficacy. Investigators working in other areas of correctional treatment have also used RCTs to assess treatment for non-sexual but equally harmful crimes such as the violent abuse of children (Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova, Jackson, Lensgraf & Bonner, 2004) and spousal assault (Dunford, 2000). The sexual abuse of children is a dreadful societal problem. However, if progress is to be made in reducing victim harm, then risk management strategies such as psychological treatment need to be assessed with the most methodologically robust designs at hand so that resources are not exhausted on unverified and ineffective therapies. It would appear the last three decades of outcome research, which has predominantly fallen short of this mark, has provided little clarity in determining what impact treatment has on reducing recidivism amongst child molesters.

If one considers the only RCT in Chapter 2, Marques et al. (2005), the results imply that a highly structured relapse prevention therapy has no effect on recidivism. However, relapse prevention possesses clinical value and is likely to be an accepted approach in one way or another for some time. This situation creates an opportunity to assess innovative therapies using strong inference designs where offenders are randomly allocated to either treatment as usual (relapse prevention) or experimental treatments that are formed on theoretical merit. Two opportune examples could be a GLM therapy (see Ward, 2002; Ward & Marshall, 2004) and the self-regulation approach (see Ward & Hudson, 1998; 2000; Ward, Yates & Long, 2006). This would address the ethical and practical barriers which treatment providers cite in their unwillingness to implement RCTs. In my opinion, the long-term credibility of psychological treatment for child molesters largely depends on evidence-based practices in this manner.

Of course, outcome research that uses recidivism rates to infer treatment effectiveness takes a long time to complete (Farrington & Welsh, 2005). Pending long-term results, the effectiveness of sexual offender treatments will rely on proximal outcome indicators such as the effect of treatment on criminogenic needs that correlate with recidivism. In Chapter 3 this was illustrated using systems of clinical change on psychometric measures. Observing the positive effect of treatment using proximal outcomes does not however mean that the treatment is effective at

reducing recidivism. The relationship between change on treatment measures and reductions in recidivism is not clear. Whilst some authors have reported a relationship between changes on treatment measures and reductions in recidivism (Hedderman & Sugg, 1996; Beech et al., 2001; Beech & Ford, 2006; Beech et al., 2012), others have found no relationship at all (Hanson et al., 1993; Quinsey et al., 1998; Seto & Barbaree, 1999; Barbaree, 2005). In a sample of 3773 sexual offenders, Wakeling et al. (2013) found that individuals who had "improved" indicated by clinically significant changes on particular psychometric measures, often had higher recidivism rates than those deemed "already okay", "unchanged" and "deteriorated". They also found that whilst an overall change rating was associated with reduced recidivism, change status did not add to the predictive power of actuarial risk estimates. This is likely to imply that the degree of clinical change on psychometric measures may be no more useful than static risk estimates for predicting recidivism. The next step is to continue investigating the extent to which treatment effectiveness determined by proximal outcome indicators is related to reductions in recidivism. Determining this one way or the other will either rule out or rule in this method of treatment evaluation in more certain terms.

Using proximal outcome research whilst awaiting recidivism data from strong inference designs also depends on the credibility of psychometric measures used. Indeed, if clinical change and its relationship to recidivism are to be the recipient of ongoing research, then equal resources need to be put into developing measures of criminogenic need with robust psychometric properties since clinical change is directly affected by how good the measures are (Beech et al., 2012). The evaluation of the SWCH scale in Chapter 5 is well placed in this thesis for this reason. Chapter 5 demonstrates that improvement can be made to the SWCH scale by increasing items so that it accesses more of the theoretical framework of child abuse implicit theories (Ward & Keenan, 1999). In its current form the measure is behind other measures which tap into a wider range of implicit theories consistent with child molester cognition despite it possessing very good reliability. The consequence of administering this scale means that three of Ward and Keenan's (1999) implicit theories are not measured and therefore that the criminogenic need (beliefs that support the abuse of children) is assessed in a narrow way. Considering Chapter 3 for instance, it is possible that subsequent to the treatment sessions, Jack made changes to other implicit theories which were not assessed by the SWCH scale.

Chapter 5 is of relevance to the NOMS Rehabilitation Services Group (RSG) which coordinates the SOTP psychometric battery delivered in HM Prison Service in England and Wales (Rallings

et al. 2007). Specifically, "child abuse supportive beliefs" is one of four attitudinal criminogenic needs assessed in the SARN (Thornton, 2002) and targeted by the majority of the SOTPs. It is measured psychometrically by the SWCH scale, the Beckett Children and Sex Questionnaire (Beckett, 1987) and the Sex Offence Attitudes Questionnaire (SOAQ). According to Gannon et al. (2008), the Beckett Children and Sex Questionnaire measures the same two implicit theories as the SWCH scale; those being, "Nature of Harm" and "Children as Sex Objects". The SOAQ on the other hand measures offence-specific minimisation (Rallings et al., 2007). Therefore, the psychometric assessment of child abuse supportive beliefs, as a criminogenic need, is restricted compared to the wider array of offence-supportive implicit theories which are discussed in the child molestation literature. Ward and Keenan's (1999) implicit theories model has received empirical support (see Mihailides, Devilly & Ward, 2004; Marziano, Ward, Beech & Pattinson, 2006; Dawson, Barnes-Holmes, Gresswell, Hart & Gore, 2009) and it would thus seem there is a need for the NOMS RSG to align currently used psychometric measures with the theoretical developments in child molester literature. Improving the theoretical consistency of the SWCH scale by refining and increasing items to tap into all five implicit theories would advance its use as a more competent tool for assessing child abuse supportive beliefs.

Chapter 3 also offered a worked example of a child molester following an aetiological trajectory to offending based on Ward and Siegert's (2002) pathways model. Jack possessed several treatment needs, many of which could not be addressed due to limited resources and time. This is not an unusual situation in prison treatment where preset custodial release dates take priority over residual treatment need. The case demonstrates how early sexualisation and toxic learning can increase an individual's vulnerability to developing dysfunctional mechanisms which lead to sexual offending. There is a subtle distinction between aetiology and maintenance in Chapter 3. In the offence cycle, child abuse supportive beliefs and distorted scripts seemed important maintaining factors and attempts were made to address these. However, Jack's abuse appears to have been an aetiological factor in the onset of offending due to it affecting his sexual scripts. This is consistent with the finding that sexual offenders are more likely to have been sexually abused than non-offenders (Lalumière, Seto & Jespersen, 2006; Seto & Lalumière, 2010), and the view that child abuse could be associated with an individual initially engaging an offending (Seto, 2008). Although not discussed in Chapter 3, most treatment programmes are offence-focused in so much as previous victimization is approached with caution. Given that abuse may be useful in understanding offending, it could be well worth exploring the extent to which abuse related trauma can be addressed in offence-focused treatment (Craissati, McGlurg & Browne,

2002). Considering Jack, his disclosure of his abuse as a child was met with doubt by those around him. It would seem important not to repeat this dynamic in adulthood, where offenders feel that their own abuse is not acknowledged during treatment for their offending.

Finally, Chapter 4 demonstrates value in analysing the experiential accounts of child molesters with a sexual preference for children as a way of revealing meaning-making from the offender's perspective. IPA does not enter into the goal of generalisability as keenly as traditional scientific approaches and is more concerned with the cautious transferability of findings within context (Hefferon & Gil-Rodriguez, 2011; Smith et al. 2009; Smith & Osborne, 2008). Hence, the five participants in Chapter 4 may be considered to have articulated meaning that has not yet been explored in many other paedophilic child molesters but which can improve understanding of the lived experience of a sexual preference for children as well as prompt further investigation. The value of Chapter 4 to clinical practitioners and researchers, like much qualitative research, is that the findings are attuned to issues which can be conveniently investigated in clinical practice.

The stability of one's sexual preference for children was a strong sense-making narrative for all participants in Chapter 4 and this is consistent with reports from PIE paedophiles (Wilson & Cox, 1983) despite the difference in their circumstances and cultural context. Further research into this narrative is needed, however it is consistent with the notion that paedophilia constitutes a sexual preference that is may be no more amenable to modification than either homosexual or heterosexual preferences (Berlin, 2000). The difficulty of achieving sexual expression in the absence of concurrent sexual preferences for adults is discussed in Chapter 4 and it is possible that clinicians need to think carefully about which types of treatment goals are desirable and realistically achievable for offenders with a sexual preference for children. Recall what Vincent of Chapter 4 said: "I have a sexual attraction to a certain age group, I can't do anything, and I'll have to use this crude phrase, but I can't get off any other way". Precisely what psychological treatment can do with paedophilia is a matter of vital enquiry (Camilleri & Quinsey, 2008; Seto, 2008). The long-term effects of behavioural treatment are unknown and such an intervention is inadequate on its own to manage the risk that child molesters with a sexual preference for children pose to society (Seto, 2008). Continual clinical support for child molesters with a sexual preference for children is likely needed. Seto (2008) for instance, has suggested the need for booster sessions for this offender subtype since time-bound treatment is likely to be insufficient. Indeed, in a climate not so restricted by austerity, outpatient groups and drop-in centres would

likely be a useful resource for those who are no longer mandated to engage in treatment but are perturbed by their sexual preference for children and voluntarily request clinical support.

Chapter 4 also informs us of something interesting about how particular child molesters might view the support that is available to them. Throughcare support is likely necessary to maintain and develop many potential changes made during treatment (Seto, 2008). Therefore, it is crucial that support is not only available but communicated and accessible. Seto (2008) has identified the need for the continuing support of paedophilic child molesters noting the Canadian Circles of Support and Accountability (CoSA) model (Wilson, Picheca & Prinzo, 2005) to be suitable for post-custodial offenders. CoSA has grown in England and Wales since 2002. The UK model consists of six volunteers per "circle" who meet with the offender and are directed by a Social Service professional. The circle enhances post-treatment plans and provides a support network which can in some cases act as a surrogate for the friendly and family support many offenders lose (Wilson, McWhinne & Wilson, 2008) The UK CoSA evaluation research is limited (Bates, Saunders & Wilson, 2008; Haslewood-Pócsik, Smith & Spencer, 2008) however evaluations are more established overseas (Wilson, Bates & Völlm, 2010) and CoSA is available in most local areas (Circles UK, 2013). Therefore, it would be an error to leap to the conclusion that support is scarce based on the analysis of the lived experience of a small number of child molesters. This is particularly so since other organisations such as the Lucy Faithful Foundation also exist. What is important is knowing that some child molesters believe that community support is scarce and the possibility that their voice may echo those of others who have completed treatment and are wondering if they are now expected to continue without assistance.

Child molestation is seen as unpalatable by all standards of society (Jenkins, 1998). Paedophilia is reviled and paedophiles are ostracised and feared (Seto, 2008). If society continues to banish child molesters from its midst, and child molesters experience exclusion, there is a possibility that secrecy and silence will increase thereby worsening the situation. This was summarised in Chapter 4 by Richard: "…you do seem to be pretty much left on your own trying to find the support that drug addicts and alcoholics have readily available. They all have a network, but sex offenders don't which just leads to more secretiveness, hiding away from it all and more offending." For some of the participants in Chapter 4, there was a need for communication about post-sentence support so that their view of life without help after treatment was not so central to their anticipation of the future. To what extent this is common amongst other child molesters is a matter for further research. The participants in Chapter 4 in one way or another

either believed that support to deal with their sexual preference was not available prior to their sentence or that it will not be sufficiently available after their release from custody, or both. This may echo the words of others who have yet to offend but are struggling to make sense of their paedophilic preference and are unaware of available help or who have completed treatment and believe that they are without help yet again.

In closing this thesis, it can be said that a variety of information has been provided and that this has been helpful in answering current questions in the field. However, for those questions which it has helped to answer, it has identified a number of further questions which need investigating and has also made a case for future changes. There is a considerable corpus of research literature available on child molesters which perhaps leads some to erroneously presume that an equally considerable amount is known about them and how best to address their needs. This thesis has demonstrated that there is much work to be done both in terms of understanding child molesters and evaluating the psychological treatments which society deems suitable for preventing further harm coming to children. As with most things which are not accurately understood, more and better research with intuitive enquiry is most likely to be the answer.

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***Primary publication/source used in the review**

**** Secondary/previous publications/reports of the study**